



VA Palo Alto Psychology Internship Training Program

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Geropsychology Programs

Introduction

Interns in the Geropsychology track will have at least 50% of their internship training in Geropsychology and the other 50% in rotations with a more general clinical focus. Currently we have three such slots. Interns in the Geropsychology track will work with the Training Director and Geropsychology staff to determine what combination of rotation experiences they will plan for their 50% year-long geropsychology focus from the rotations listed in this section. While interns in any track may choose to train in any of the rotations described below, interns in the Geropsychology track have preference in the choice of these rotations.

Most of the Geropsychology rotations occur in interprofessional treatment settings. Interprofessional teams, in which professionals from many disciplines work collaboratively, can respond to the multiple and often interactive needs of older adults. For a psychology intern, this experience offers the opportunity to learn about the physical and mental health care needs of older adults, creative use of VA resources to meet their needs, and how to represent a psychological point of view effectively to physicians, nurses, pharmacists, social workers, and other health care professionals. In addition, all interprofessional team members need to develop skills for effective group communication, problem solving, conflict resolution, developing interprofessional team treatment plans, and sharing of leadership roles.

In these settings, psychology collaborates actively with other professions in developing a holistic assessment of the older adult patient and the home support network. The psychologist prioritizes problems, defines what psychological interventions should be offered and how they can be integrated with care provided by other team members. The psychologist works with the team in evaluating the outcomes of individual and team interventions, and in refining or redesigning treatment plans. Psychology interns, therefore, will strengthen their own assessment and therapy skills, and they will also learn how psychology's special knowledge and skills combine with those of other team members when providing care to older adults and their families.

Most of the rotations from among the following Geropsychology Programs may be selected by any intern for a six month, half-time training experience. As mentioned earlier, interns will be expected to participate in a geropsychology training experience or training in a medically-based setting during their internship. Many intern applicants wonder whether working with older adults might be depressing or "morbid." We do not think so. Older adults have much to offer. They deal courageously with problems posed by health changes, loss of mobility, the death of loved ones, and the need to adapt to a constantly changing environment. They bring a wealth of lifetime experiences to this endeavor, and they often face their problems with a companion with whom they have shared 40 or more years of life. When interns approach older adults with an attitude of respect and admiration, as well as compassion and a desire to provide care, they find that they can learn about themselves and their own lives, as well as offering valuable psychological services to older patients.

An educational experience required for geropsychology interns and optional for other interns is the Geropsychology seminar series which meets on the first and third Thursdays of each month from 2:30-4:30pm, which occurs in tandem with the Neuropsychology seminar which meets at the same time on the second and fourth Thursdays of the month. Both seminar series present topics that may be of interest to interns with geropsychology and/or neuropsychology interests. The seminar also provides an opportunity for geropsychology trainees to solidify as a peer group and meet geropsychology staff and outside geropsychologists in addition to their clinical supervisors. The seminars start each year in September and end the last week of July or early August. Each session, the seminar will typically include a presentation from an invited speaker as well as a discussion of a relevant journal article/case presentation. The

seminars will address a wide range of topics in neuropsychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers.

Reviewed by: Jon Rose, Ph.D.
Date: 7/7/2014

Cardiac Psychology Program (Building 6, PAD)
Supervisor: Steven Lovett, Ph.D.

- 1. Patient population:** Patients with congestive heart failure (CHF), recent cardiac events (heart attacks, bypass surgery) and other forms of cardiovascular disease. Patients being considered for heart transplants and those receiving post-transplant care.
- 2. Psychology's role:** Direct service to patients and families; participation in multidisciplinary patient education programs; consultation with other program staff and cardiologists; & participation in the Cardiology Transplant Clinic.
- 3. Other professionals:** The Cardiac Transplant clinic includes medicine, nursing, and cardiology fellows in medicine.
- 4. Clinical services:** Assessment, psychotherapy, & behavioral medicine interventions with cardiac patients and their families when referred by cardiologists within Cardiology service. Pre-transplant evaluations, interventions for diet & medication compliance, sleep disturbance and mood disorders for the Cardiac Transplant clinic patients.
- 5. Intern's role:** Serves as the team psychologist for the Cardiac Transplant Clinic, and a consulting psychologist for Cardiology Service.
- 6. Supervision:** 2 hours individual supervision per week. 1 hour of group supervision when more than one trainee is working with the program. Some observation during patient therapy sessions, patient education groups, and team meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes a social learning perspective within a brief treatment model. Evidence based interventions are emphasized.
- 7. Didactics:** Part of supervision sessions, as needed.
- 8. Pace:** 1-4 patients seen during the Cardiac Transplant Clinic. Up to six CHF or Transplant Clinic patient follow-up or cardiology consultation sessions per week outside of the clinic.

The Cardiac Psychology Program provides psychological services to patients with heart disease. We participate in the weekly Cardiac Transplant Clinic and accepts referrals for patients with other forms of heart disease. Specific services provided by psychology interns include

- Neuropsychological screenings, including administration of the Cognistat, RBANS, and other screening instruments as needed.
- Individual and family therapy for depression, anxiety, anger management, sleep disturbances, issues of grief and loss, caregiver stress, and other forms of emotional distress.
- Assistance in developing adherence programs for medication usage, dietary restrictions and exercise maintenance.
- Consultation with other CHF team and cardiology staff about methods of enhancing patient adherence to treatment regimens.

Interns are also directly involved in any on-going program evaluation and research efforts associated with the clinical activities listed above. Supervision includes joint clinical sessions with the supervisor as well as 1 – 1.5 hours of individual supervision per week and periodic group supervision when more than one trainee is involved in the rotation. The predominant theoretical orientation is social learning theory

with an emphasis on shorter-term treatment. Training and supervision about health care team dynamics is also included.

Reviewed by: Steve Lovett, Ph.D.

Date: 7/7/14

Community Living Center (CLC, Building 331, MPD)

Supervisor: Margaret Florsheim, Ph.D.

Patient population:

- Patients with complex, usually chronic health problems requiring long-term skilled nursing care.
- Patients with short-term physical rehabilitation needs or temporary skilled nursing needs.
- Patients requiring evaluation for appropriate community placement.
- Patients with dementia not requiring a secured setting.

Psychology's role: The psychologist works as a member of an multidisciplinary treatment team to offer assessment and treatment related to the cognitive, emotional, behavioral, and familial functioning of patients, as well as consultation to other team members on interventions. Services include:

- Cognitive, mood and personality assessment
- Individual, family and group psychotherapy
- Development of interventions to manage troublesome behavior
- Consultation and support to members of the treatment team

Other professionals and trainees: Multidisciplinary team consisting of nursing, medicine, social work, occupational therapy, physical therapy, recreation therapy, pharmacy, dietetics and chaplaincy. The Palliative Care Consult team works collaboratively with CLC staff. Trainees from all of the above disciplines may participate as well.

Nature of clinical services delivered: Individual and family therapy, group therapy, administration of cognitive, mood and personality assessments, and development of behavior management protocols for problematic behavior.

Intern's role: Direct clinical service provider, consultant and Multidisciplinary team member. Interns are also expected to conduct one in-service to multidisciplinary treatment staff during the rotation.

Supervision: Supervision involves at least 1 hour of weekly face-to-face supervision with additional informal supervision obtained from working side-by-side with the staff psychologist. Observation during team meetings and audiotaped review of patient therapy sessions, when taping is feasible.

Didactics: Opportunity to participate in educational programs offered to building staff.

Pace: Interns do 1-2 cognitive/mood assessment per week, with an approximately 1-2 paged single-spaced report. Expected turn-around-time for assessment is 1 week. Interns carry a caseload of 4-6 patients; may vary if co-facilitating a psychotherapy group. Progress notes are required for each contact. Interns attend morning nursing report and multidisciplinary care planning meetings.

The CLC is a 90-bed skilled nursing facility located in building #331 at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay/Transitional Care, or long-term care. Patients must be eligible veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with dementia, stroke, other neurological conditions (e.g., multiple sclerosis and spinal cord injury), cancer, and multiple medical problems. To facilitate integration into the treatment team, interns typically focus their work on one of the two units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group), and consultation to other team members on

interventions. No prior experience in working with elders or in a medical setting is required on either unit.

The Short Stay/Transitional Care Unit bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with an average stay being 30 days. Training offers interns an opportunity to work in an inpatient medical setting with a fast-paced multidisciplinary team. Unit residents are typically in their 60's -70's. Many present with complex medical, psychiatric and social concerns, such as active substance abuse, homelessness and untreated PTSD. Psychological interventions include assessment of cognitive status, including assessments of decision-making capacity, assessments of mood, brief psychotherapy to address negative emotions associated with health concerns and institutionalization and consultation with other team members to address problematic behavior, including problems with medical care compliance. Opportunities exist to work with the CLC staff and members of the Palliative Care Consult team to address end-of-life concerns with veterans receiving supportive care during cancer treatments.

The long-term care unit strives to create a sense of community for those veterans for whom the CLC is a permanent home. Training offers an experience multidisciplinary teamwork in inpatient long-term care setting with medically frail elders and in end-of-life care. Psychological interventions support adjustment to disability and institutional living and include grief counseling, management of negative emotions, and interventions to address problematic behavior. In addition to individual and family psychological interventions, opportunities exist for interns to co-facilitate psychotherapy groups. Interns also may have the opportunity to work with the unit treatment team as well as the ECS Palliative Care Consult team to provide end-of-life care. Veterans requesting to stay in this familiar environment receive palliative care in the terminal phases of their illnesses.

Reviewed by: Margaret Florsheim, Ph.D.
Date: 7/28/14

GRECC/Geriatric Primary Care Clinic (PAD, GRECC-Bldg 4, Clinic-5C2)
Supervisor: Terri Huh, Ph.D.

- 1. Patient population:** Older adults with complex medical and psychosocial problems who require an interdisciplinary team for optimal primary health care.
- 2. Psychology's role in the setting:** Clinical services to patients both as a part of the team clinic and outside of clinic, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.
- 3. Other professionals and trainees:** Medicine, Nursing, Pharmacy and Social Work; all disciplines may have trainees at various levels (students, interns, residents and postdoctoral fellows.)
- 4. Nature of clinical services delivered:** Services are delivered both in the context of the team clinic as well as outside of the clinic for patients who require more in-depth assessment and treatment
In clinic: Screening for cognitive functioning and psychological disorders, brief interventions for behavioral medicine issues (compliance, weight, exercise, etc), depression, anxiety, family issues, and dementia related behavioral problems. Consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.
Outside of clinic: Neuropsychological and capacity assessment, individual psychotherapy and/or couple or family therapies.

5. **Intern's role in the setting:** Essentially the same as the Staff Psychologist. There is some opportunity for research or working on quality improvement as well as giving clinical/educational presentations.
6. **Amount/type of supervision:** Live supervision of new skills, 1-2 hour individual supervision. Group supervision provided if multiple trainees and usually done as part of team clinic. Informal supervision involving working side-by-side on cases with the staff psychologist, particularly in the clinical setting. Level of autonomy is individually negotiated according to training goals.
7. **Didactics:** Attendance is required at the GRECC weekly Tuesday seminar (4-5pm). Seminars cover topics in geriatric medicine and interdisciplinary topics in geriatrics. Daily informal teaching from every discipline. Assigned readings.
8. **Pace:** Varied, depending upon the needs of the patients. Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. Workload can be managed within the allotted time.

This is a primary medical care program run by the Geriatric Research Education and Clinical Center ([GRECC](#)). The GRECC also runs a second clinic, the Geriatric Primary Care Behavioral Health (Geri-PCBH), which offers individual outpatient based psychotherapy to all geriatric primary care patients. While the Geriatric Primary Care Clinic offers psychology services only to GRECC Geriatric Primary Care Patients, the Geri-PCBH program takes referrals from all Primary Care Clinics and works closely with the PCBH program (see the Psychological Services for Medically-Based Populations). The Geri-PCBH clinic offers psychotherapy and pharmacotherapy to older primary care patients who present with depression and anxiety. Interns work in close collaboration with the interdisciplinary team. Trainees provide individual brief and long-term psychotherapies (including cognitive behavioral therapy, interpersonal psychotherapy, problem solving therapy and reminiscence therapy), family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment. Many of the patients in the clinic have some level of cognitive impairment and many are diagnosed with dementia. Therefore, it is likely that the intern will work with patients with these impairments and/or with their caregivers to assist with coping and stress. We also provide coping techniques for a variety of medical conditions and work closely with the team to help improve patients' compliance with treatments offered by social work, nursing and medicine.

Clinic hours for GRECC Geriatric Primary Care Clinic are Mondays from 1:00 pm to 3:00 pm and Tuesdays from 8:00 a.m. to 1:00 p.m; the Geri-PCBH Clinic hours are Thursdays from 1:00 pm to 3:00 pm. Further psychological interventions and assessment are done at times convenient to the intern. This clinic has trainees from all of the above disciplines, which affords an excellent opportunity to learn from and teach across disciplinary boundaries. There are opportunities to observe assessments and interventions by all disciplines and to be observed directly.

Reviewed by: Terri Huh, Ph.D.
Date: 7/17/14

Geropsychiatry Community Living Center (GCLC, Building 360, MPD)
Supervisor: James Mazzone, Ph.D.

Patient population: The Geropsychiatry Community Living Center encompasses 5 wards in the same building (A – Secure Dementia or Probate Conserved Ward; B – Locked Psychiatric or LPS Conserved Ward; D & E - Mixed Medical Psych Open Wards; and F - Palliative Care & Smoking Ward). Residents have serious medical problems and

- dementia or cognitive impairment
- long-standing psychotic-spectrum disorders
- less severe psychiatric problems, e.g., substance abuse, PTSD, depression
- behavioral problems

Psychology's role: The psychologist acts as a clinician and consultant to the interdisciplinary team, including:

- Evaluation and management of behavioral problems
- Neuropsychological screening, including assessment of capacity and conservability
- Individual and family psychotherapy on a limited basis
- Providing a psychological perspective at interdisciplinary care meetings and nursing reports

Other professionals & trainees: Nurses, geriatricians, psychiatrists, social workers, RNPs, recreation therapists, occupational therapists, physical therapists, pharmacologist, dietician, and trainees in RT, OT, psychiatry, and nursing.

Nature of clinical services delivered: Cognitive and capacity evaluations, behavioral assessment and management, and individual and family psychotherapy are the primary activities, along with those listed above.

Intern's role: The rotation focuses on learning to provide a wide range of mental health services on a multidisciplinary team treating older adults with dementia, long- standing psychotic-spectrum disorders, and various medical problems. Direct clinical activities involve: facilitating evaluation & management of behavioral problems elicited by clients; conducting neuropsychological screening focused on decision making capacity & conservability; and psychotherapy. Additional activities include meetings, staff education, and training.

Amount/type of supervision:

- 1 hour of weekly face-to-face supervision
- Informal supervision involving working side-by-side on cases with the staff psychologist
- Psychologist may have the intern do an audio recording of at least one therapy session.

Didactics: Opportunity to participate in educational programs offered to Extended Care Service staff.

Pace:

- Varied, depending upon the needs of the residents. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate it can be managed within the allotted time.
- Attend applicable interdisciplinary care meetings.

Psychology evaluation and interventions at the 360 CLC are drawn from cognitive-behavioral spectrum approaches. For patients with behavioral problems and cognitive ability , behavioral contracts are frequently used. In addressing behavioral problems, the psychologist usually evaluates the patient; proposes to the interdisciplinary team a plan for assessment and intervention; revises the plan based on feedback; helps the team to communicate the plan to the patient and to other staff; and evaluates the results on an ongoing basis.

Examples of clinical problems for which psychology has been consulted:

- Verbal and physical abuse of staff or anger outbursts during care

- Non-compliance with prescribed or recommended care
- Assessing for delirium versus dementia in an elderly female patient with recent hip fracture and hip surgery.
- Capacity evaluation of a severely ill patient who demanded to discharge immediately "against medical advice"
- Providing family psychotherapy to a quadriplegic patient and her daughter, who were having heated conflicts during visits.
- Adjustment issues for a patient recently diagnosed with advanced cancer
- Hoarding behavior

A highlight of working at the Geropsychiatric CLC is the privilege of working with a highly skilled multidisciplinary team as it struggles to assess and treat a very complex and challenging group of patients. In this context interns benefit from hearing the enriching perspectives of other disciplines, while seeking to integrate their own psychological perspective into the team's decision-making process.

Reviewed by: James Mazzone, Ph.D.
Date: 7/14/14

Home Based Primary Care Program (MB3 PAD and San Jose Clinic)

Supervisors: Rachel L. Rodriguez, Ph.D., M.P.H.
Elaine S. McMillan, Ph.D.

1. **Patient population:** Medical patients with multiple chronic conditions, usually older adults.
2. **Psychology's role:** Direct service to patients and families; consultation with other program staff; member of the interdisciplinary team.
3. **Other professionals:** An interprofessional team including medicine, occupational therapy, nursing, nutrition services, pharmacy, and social work. Interns, residents, & fellows from all disciplines may participate.
4. **Clinical services:** Home-based interview assessments; cognitive screenings; brief individual & family therapy for a variety of emotional disorders; interventions for pain and weight management, smoking cessation, and adherence to medical regimens; palliative care psychology, staff consultation.
5. **Intern's role:** Serves as the team psychologist.
6. **Supervision:** 1-2 hours individual supervision per week. Observation during team meetings and occasional observation during patient meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes social learning and cognitive behavioral perspectives within a brief treatment model.
7. **Didactics:** Short in-services provided to team during team meetings. Trainees provide one in-service to team during the rotation.
8. **Pace:** 4-5 home visits to patients per week. Brief progress note for each visit. One morning-long team meeting. About 1-2 hours of follow-up contact with staff, patient's families, other providers, etc.

The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. The HBPC program has three interdisciplinary teams that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist. Trainees tend to work with only one team. A wide variety of psychological services are provided to HBPC clients by Psychology Trainees. These services include:

- Psychological assessments of patients and caregivers.
- Neuropsychological screenings and Capacity evaluations

- Individual and family therapy for depression, anxiety, caregiver stress, end of life concerns and other forms of emotional distress.
- Training in behavioral medicine interventions, e.g., behavioral sleep management, pain management, weight management, and smoking cessation techniques.
- Consultation with other program staff about methods of enhancing patient adherence to treatment regimens.

Supervision includes 1–2 hours of individual supervision per week and observations during team meetings. Joint clinical visits are made during orientation and upon request of the trainee. The predominant theoretical orientations are social learning and cognitive-behavioral theories with an emphasis on shorter-term treatment for individuals and couples. Training and supervision about health care team dynamics is included as part of supervision.

Reviewed by: Rachel L. Rodriguez, PhD, MPH
Date: 7/28/14

**Hospice and Palliative Care Center/Sub-Acute Medicine Unit
(Building 100, 4A and 4C, PAD)
Supervisor: Julia Kasl-Godley, Ph.D.**

1. **Patient population:** hospitalized individuals with chronic, life-limiting or terminal illness and their families. The population is very diverse with respect to sociodemographic characteristics, disease states, mental health issues and life experience.
2. **Psychology's role:** direct clinical service, consultation, interdisciplinary team participation, staff support.
3. **Other professionals and trainees:** interprofessional team consisting of psychology, medicine, nursing, social work, occupational therapy, massage therapy, chaplaincy, music therapy, recreation therapy, pharmacy, dietary and volunteers. Students, interns, residents and fellows from various disciplines.
4. **Nature of clinical services delivered:** intake interviews; cognitive and mood assessments; individual, couples and family psychotherapy (supportive, cognitive-behavioral, psychoeducational, life review, ACT, MI, dignity/meaning-centered); bereavement assessments and brief interventions; interprofessional consultation.
5. **Intern's role:** direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Potential involvement in palliative care consults and clinically oriented research, program evaluation or educational outreach.
6. **Supervision:** at least one hour of individual supervision per week with additional supervision received as often as needed. One hour group supervision per week. Observation during team meetings and occasional observation during therapy sessions.
7. **Didactics:** Weekly Interprofessional Hospice and Palliative Care didactics; daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g. National End-of-Life audioconferences, Palliative Care Grand Rounds, relevant Gero/Neuro seminar topics; annual Hospice Foundation of America teleconference, relevant webinars).
8. **Pace:** 4-6 contacts a week (patients and families). Progress notes for each contact.

The VA Hospice and Palliative Care Center is a 25-bed inpatient unit that provides palliative and hospice care to patients with life-limiting and terminal illness and their families, a very diverse patient population with respect to disease states, sociodemographic characteristics, mental health issues and life experience. Patients are admitted on permanent or short stays (the latter used primarily for acute

symptom management and to relieve family caregiver stress) and can leave and re-enter the program as needed. Common conditions include metastatic cancer, advanced heart failure, chronic lung diseases, end-stage liver and kidney disease, dementia and progressive neurological diseases (e.g. ALS). ‘Palliative care’ is care provided at any point in the trajectory of an illness for the purpose of alleviating physical and psycho-social-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family throughout the course of illness, regardless of stage of disease. Hospice refers to an aspect of palliative care devoted to alleviating symptoms and enhancing quality of life during the last six months of life for patients who accept that disease-directed therapy can no longer benefit them, though interventions intended to maximize quality of life will be continued and even enhanced. In addition to meticulous symptom management and minimization of physical and psychosocial suffering, specific goals of hospice include self-determined life closure, safe and comfortable dying, and effective grieving. The VA Hospice and Palliative Care Center also includes an inpatient Palliative Care Consult Team and outpatient Palliative Care Clinic. The Subacute Medicine Unit is a 13 bed short stay inpatient medical ward intended to provide a “bridge” between acute care and care elsewhere, typically either the home or nursing home setting. Services are provided by an interdisciplinary team composed of medical, nursing, OT, PT, social work, chaplaincy, psychology and recreational therapy.

The Psychology intern works collaboratively with other professionals in assessing the patients and their support network, prioritizing problems, and defining and implementing psychological interventions. Psychological services commonly offered include cognitive and mood assessments and psychotherapeutic interventions (cognitive-behavioral therapy, acceptance and commitment therapy, motivational interviewing, life review, psychoeducation, dignity/meaning-centered psychotherapies) to individuals, couples and families. Psychological issues addressed include pain and symptom management, psychiatric problems (e.g. depression, anxiety, serious mental illness), adjustment and grief reactions (e.g. cognitive status, disability, dying process), low distress tolerance, existential and spiritual angst, questions of meaning, unfinished business, guilt, interpersonal problems, communication difficulties, crisis management and legal and ethical issues (e.g. abuse, decisional capacity). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. Moreover, our hope is that by helping seriously ill patients and their families find connection and healing in the midst of suffering, psychology trainees will find deeper meaning in their own lives. The Psychology intern also has the opportunity conduct bereavement assessments/brief interventions, addressing physical and mental health status, coping efforts, availability and perceived satisfaction with social support and use of referrals.

“The Hospice and Palliative Care rotation was one of my first internship rotations and definitely the most memorable. The training experience was dynamic and invigorating, as I grew professionally, clinically, and personally. I continue to apply the lessons learned from the rotation to my current work. The clinical team provides a rich learning environment and the opportunity to work with Veterans at the end stage of life is a great honor.” ~Recent intern

Reviewed by: Julia Kasl-Godley, Ph.D.
Date: 8-5-14

Memory Clinic (Building 5, 4th floor, PAD)
Supervisors: Lisa M. Kinoshita, Ph.D.

See description in Neuropsychological and Personality Assessment section.

Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: Harriet Katz Zeiner, PhD

See description in Neuropsychological and Personality Assessment section.

Sierra Pacific Mental Illness Research Education and Clinical Centers (MIRECC)

Dementia Core (Building 5, Palo Alto Division)

Supervisor(s): Sherry A. Beaudreau, Ph.D.

J. Kaci Fairchild, Ph.D.

Lisa Kinoshita, Ph.D.

Allyson Rosen, Ph.D., ABPP

See description in Outpatient Mental Health Treatment and Research Programs section.

Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)

Supervisor: Jon Rose, Ph.D.

See description in Psychological services for Medically-based Populations section.

Spinal Cord Injury Service (Building 7, PAD)

Supervisors: Stephen Katz, Ph.D.

John Wager, Ph.D

See description in Psychological services for Medically-based Populations section.

The Western Blind Rehabilitation Center (Building T365, MPD)

Supervisor: Laura J. Peters, Ph.D.

Greg Goodrich, Ph.D., Research Psychologist

See description in Psychological Services for Medically-Based Populations section.

Psychological Services for Medically-Based Populations

Introduction and Overview

The provision of psychological services to medically-based populations provides psychologists with unique opportunities for interdisciplinary treatment. At Palo Alto the opportunities are found in two different settings: traditional medicine and surgery and rehabilitation. The psychological techniques employed with medically-based populations do not differ greatly from those used with psychiatric populations. However, the philosophy of treatment is unique in several respects.

Aside from the physical aspects of disability, medical patients differ from psychiatric patients in a number of ways. Initially, they tend to see their problems as physical and do not seek psychological intervention. Clients that a psychologist would be seeing may have no preexisting psychological dysfunction. Sometimes, patients with disabilities often evoke strong initial feelings of personal vulnerability and anxiety in staff who work with them.

The approach to assessment and therapy in rehabilitation populations emphasizes adaptive coping with a difficult situation. The psychologist seeks to help patients learn how to adapt to the challenges of their circumstances. Not only is part of the problem outside the person, at times the solution is also outside. Thus, modifying the environment in which people with disabilities find themselves may be an appropriate therapeutic intervention for the psychologist. This can be accomplished by teaching staff and families appropriate interaction strategies and by working to remove architectural, legal, and attitudinal barriers.

Assessment and therapy in traditional medical settings focuses on interventions designed to alter health related problems and treatment of anxiety and depression related to medical illness. Patients are helped to take action to improve their health or cope with a chronic illness. Work with a primary care population is characterized by an emphasis on environmental/functional issues, intermittent short-term interventions, and treating the patient from an interdisciplinary systems perspective.

The psychology staff at the VA Palo Alto Health Care System who provide services to medically-based populations recommend that any interns who expect to have contact with people with cognitive, physical, or sensory disabilities consider a medically-based psychology rotation. Each of the training sites described below offers supervised experience with specific disabilities with medical/rehabilitation disciplines, and with patients whose primary problem is not psychiatric. *Interns in any track may choose to train in any of the rotations described below, with the exception that a full year of training in the Behavioral Medicine Program is available only to Behavioral Medicine track interns.*

The training objectives for rotations serving medically-based populations are to help the intern:

1. Become aware of the possible pre-existing positive and/or negative prejudices about illness or disability and how to deal with personal feelings of vulnerability and anxiety.
2. Develop an understanding of the work other disciplines do in treating the illness or disability of your patients.
3. Learn to work with other disciplines in interdisciplinary and multidisciplinary settings, especially in primary care settings where continuity and prompt response to patient needs are a focus.
4. Learn to use assessment tools designed for non-psychiatric patients. Focus on strength and coping resources of the individual and learn to adapt traditional assessment techniques where appropriate.
5. Demonstrate knowledge of psychological adaptation to illness and disability and appropriate interventions for non-psychiatric patients. Be able to identify the differences between the effects of trauma, abnormal functioning, and the coping of a "normal" person. The intern must learn to provide short-term counseling for patients and integrate their work within a team treatment plan.

6. Learn specific psychological interventions for this population. Some examples are: CBT for insomnia, social skills training for the patients with disabilities to manage the social consequences of disability and other peoples' reactions to it, relaxation training for control of pain, sex therapy, cognitive-behavioral interventions for management of food, alcohol, tobacco and drug dependence.
7. Learn the resources available to assist the client after treatment, provide regular follow-up to promote maintenance of treatment gains, and refer to other appropriate psychological resources when you are beyond your limits of expertise.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 9/16/14

Behavioral Medicine Program (MB3, PAD)

Supervisors: Stacy Dodd, Ph.D.
Jessica Lohnberg, Ph.D.
Priti Parekh, Ph.D.

1. **Patient Population:** Medical and surgical patients from culturally diverse backgrounds
2. **Psychology's role:** Provide consultation, assessment and intervention to medical patients.
3. **Other professionals and trainees:** Medical Attending Physicians, Fellows, Residents, Nurse Specialists, Nurse Practitioners, Pharmacists, Dieticians, Physical Therapists, Recreational Therapists, Chaplains, Social Workers.
4. **Nature of clinical services delivered:** Psychological assessment and intervention of behavioral issues related to illness; treatment of anxiety, depression and other DSM-5 diagnoses related to medical problems.
5. **Intern's role:** Provide consultation, assessment, and treatment for individuals, couples, groups in specialty medical clinics and the behavioral medicine outpatient clinic.
6. **Amount/type of supervision:** One hour individual and 1.5 hours group supervision per week, audio and/or videotaping of sessions expected.
7. **Didactics:** One and a half hour Behavioral Medicine seminar weekly September thru June.
8. **Pace:** Moderate to fast pace, time is structured, fast turn-around on most notes, more time for comprehensive assessments (e.g., transplant evaluations)

The Behavioral Medicine Program at VAPAHCS received the Excellence in Training Award from the Society of Behavioral Medicine in 2012. Ours is the first VA program to have received this honor.

Intern Schedule: Interns opting for the *Behavioral Medicine track* spend a full year, half time on this rotation. Interns from other training tracks may choose a 6-month, half time experience on this rotation in the first half of the internship year only. Interns carry a caseload of patients referred directly to the Behavioral Medicine Clinic from anywhere in the hospital. Interns also have the opportunity to co-facilitate group treatment within the Behavioral Medicine Clinic for patients with chronic pain and/or insomnia. For more specialized experience, interns are also expected to select two different Focus Clinics (4 hours each) every six months. Within Focus Clinics, interns are provided with relevant research articles and/or summaries of psychological issues, medical procedures, and pharmacological information specific to the clinic population. For an overview of each of those clinics, please see the listing below.

"The BMed track won that SBM award for a reason! My training experience was exactly what I'd hoped for. I thank the BMed supervisors for their time and support, as well as their dedication to their role as supervisors."
~Recent intern

Focus Clinics

PAIN CLINIC: Assessment and brief treatment of patients with chronic pain from an interdisciplinary perspective. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies) although there are opportunities for follow-up outside of clinic. Interns gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some presurgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into an interdisciplinary team.

4 hrs/week; usually see 3-5 patients/week

On-site Supervisors: Jessica Lohnberg, Ph.D. & Priti Parekh, Ph.D.

HEMATOLOGY/ONCOLOGY CLINICS: Assessment and treatment (brief and longer-term) of patients diagnosed with Hematological and/or Oncological disorders/disease from an interdisciplinary perspective. For Behavioral Medicine interns, the focus in clinic is on introduction of Behavioral Medicine services and distress screening at time of veteran's first clinic visits, assessment (including brief neuropsychological screening) for patient with identified behavioral medicine concerns, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) that allow for providing following patients along the illness trajectory. There are also opportunities for follow-up outside of clinic which include seeing patients while hospitalized and working with patient's family members. Interns gain familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, and related sequelae; learn brief in-clinic and longer-term psychological assessment/intervention with this population; develop or strengthen psychopharmacological knowledge; and develop strategies for effectively integrating into a multidisciplinary team.

4 hrs/week; usually see 3-4 patients/week

On-site Supervisor: Stacy Dodd, Ph.D.

SMOKING CESSATION CLINIC: Group assessment and individual brief treatment of patients who want to quit smoking. The intern learns cognitive-behavioral strategies for smoking cessation and gains knowledge of prescribing nicotine replacement therapy as well as other medications for smoking cessation. The intern eventually leads the group, which is primarily psychoeducation, as well as provides brief treatment (which may include problem-solving, analysis of triggers, relapse prevention, motivational enhancement, providing support, etc.). The clinic varies from week to week and is often fast-paced; patients often have a wide range of mental health issues. Interns learn to manage a large number of patients over a brief period of time as well as conduct phone consultation with other healthcare providers as indicated.

4 hrs/week; usually see up to 10 patients in group and 3-6 individual patients for brief follow-ups

On-site Supervisor: Jessica Lohnberg, Ph.D.

MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY): MOVE! is the stepped-care, nationwide VA program aimed at helping obese and overweight Veterans lose weight. The MOVE TIME Clinic is an interdisciplinary intensive weight management clinic that includes a psychologist, physicians, physical therapists, dieticians, surgeon, and often a medical student or resident. The goal of the clinic is to provide intensive assessment and treatment for patients who continue to struggle with weight loss despite multiple attempts, and for patients who are medically/psychologically complicated. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery, but some come for medical management of obesity. The team works closely with the bariatric surgery team. Interns will gain experience working on an

interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Interns may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Interns will also gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for interns to learn from and teach to providers from multiple disciplines. Interns may also conduct pre-bariatric surgery evaluations, participate in the quarterly bariatric surgery seminar, and join the monthly bariatric team meeting, if scheduling allows.

4 hrs/week; usually see 2-4 patients/week

On-site Supervisor: Jessica Lohnberg, Ph.D.

ANDROLOGY: Individual assessment and brief intervention for male patients experiencing difficulties with their sexual functioning from an interdisciplinary perspective. From a Behavioral Medicine perspective the focus in clinic is primarily on assessment with some brief intervention (e.g., psychosexual education, cognitive restructuring, communication skills, stimulus control, squeeze technique, sensate focus, etc.); Interns gain familiarity with various sexual difficulties across the life span and learn brief in-clinic psychological assessment/intervention (individual and couple) with this population, and increase familiarity with medical interventions for male sexual dysfunction. Interns will work closely with physicians and learn strategies for integrating into an interdisciplinary team.

4 hrs/week; usually see 2-3 patients/week

On-site Supervisor: Stacy Dodd, Ph.D.

HEPATITIS C: Individual assessment of patients who are being considered for antiviral treatment of their HCV and follow-up of patients who are currently on treatment. Interns become familiar with the course of antiviral treatment and common psychiatric side effects, learn what factors may be an obstacle to beginning treatment or may lead to early discontinuation, and offer brief interventions to cope with treatment side effects and promote adherence. Patients in this clinic differ from some of the other medical clinics in that they tend to have significant drug and alcohol histories, and many have had extended incarcerations. Assessments may therefore also include brief motivational interviewing strategies and monitoring for signs of relapse or indications of increasing behavioral dyscontrol that may put the patient or others at risk for harm. Interns learn how to work within an interdisciplinary team.

4 hrs/week; usually see 2-4 patients/week

On-site Supervisor: Priti Parekh, Ph.D.

***INFECTIOUS DISEASE CLINIC:** The ID Clinic serves primarily those individuals infected with HIV (Human Immunodeficiency Virus) disease (including AIDS and ARC). Although most clinic patients are HIV+, non-HIV+ patients are occasionally followed for treatment. The Clinic is staffed with multidisciplinary professionals including physicians, a clinical neuropsychologist, clinical nurse practitioner, social worker, pharmacists, chaplain, and a licensed vocational nurse. Patients are treated on an outpatient basis, with clinic staff serving as treatment consultants whenever individuals require inpatient care. A variety of services are offered within the clinic including medical and pharmacological interventions, neuropsychological assessment, social service evaluations/follow-up, and religious/spiritual consultation. In addition, patients are routinely screened for psychological distress and are referred for psychiatric/psychological services as needed. Interns may participate in the ongoing cognitive screening of clinic patients, make referrals for additional psychological/psychiatric services as noted above, and participate in the multidisciplinary exchange of ideas and information in the management of chronically or terminally ill patients. *This Focus Clinic is intended for interns in the Behavioral Medicine track only and takes place in the last 3 months of the year.

4-6 hrs/week; usually see 2-5 patients/week

On-site Supervisor: Gary Miles, Ph.D.

Supervision: Supervision consists of a minimum of one hour of individual and 1.5 hours group meetings each week. Additional, often impromptu, individual sessions are scheduled as needed. Supervision includes, but is not limited to: review of the trainee's cases, problems the trainee identifies, and personal issues related to clinical work or professional development. Interns regularly videotape or audiotape patients and take turns presenting their cases each week during group supervision. A postdoctoral fellow helps interns prepare their case presentations for group supervision and facilitates the peer supervision that occurs in this setting; the fellow may also provide additional individual supervision for some interns. The goals of group supervision are to help the intern become accustomed to consulting with peers and for peers to develop skills at providing such help. Additionally, a portion of group supervision includes Journal Club. Presenters share research articles relevant to the case they are presenting. We strongly emphasize observation (taped and live) of both supervisors and trainees; talking about therapy is simply not enough. Trainees have an opportunity to watch their supervisor's clinical work, particularly in the focus clinics.

Our orientation is, we hope, intelligently eclectic. Cognitive-behavioral approaches are fundamental to modern clinical health psychology. The experience of major illness raises many issues about what is meaningful in a patient's life and how family and other's reactions to the patient's disease can be understood. Thus, we believe that systems, interpersonal, and existential approaches also contribute significantly to clinical health psychology. Our job is to sort out such divergent orientations in a productive and flexible way.

Seminar: We have a Behavioral Medicine seminar that meets each week for one and one-half hours. It starts the first week interns are on service and usually ends around early June. The early topics deal with how to function in a medical setting, including: assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, and how to negotiate the hospital computer system, write progress notes, and respond to electronic consults. Later we move on to seminars on medical problems, such as: pain, diabetes, cancer, obesity, hepatitis, tobacco dependence, sexual dysfunction, hematological disorders, HIV, organ transplantation, sleep disorders, visual impairment, cardiology, adherence, spinal cord injury (SCI) and death and dying. Seminars typically include: focus on evidence-based treatment, review of relevant topic-specific assessment measures, relevant research articles, and reference to additional recommended texts or articles.

"This year has been amazing! I feel that I've learned so much in the BMed rotations and from the supervision and professional mentoring by BMed supervisors. I feel so lucky and grateful for my time with you all over the past year." ~Recent intern

Contact:

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Reviewed by: Stacy Dodd, Ph.D; Jessica Lohnberg, Ph.D.;
Priti Parekh, Ph.D.

Date: 7/9/14; 7/14/14; 7/17/14.

Cardiac Psychology Program (Building 6, PAD)

Supervisor: Steven Lovett, Ph.D.

See description under Geropsychology section.

Community Living Center (CLC, Building 331, MPD)

Supervisor: Margaret Florsheim, Ph.D.

See description under Geropsychology section.

GRECC/Geriatric Primary Care Clinic (PAD, GRECC-Bldg 4, Clinic-5C2)

Supervisor: Terri Huh, Ph.D.

See description under Geropsychology section.

Home Based Primary Care Program (MB2B PAD and San Jose Clinic)

Supervisors: Rachel Rodriguez, Ph.D., M.P.H.

Elaine S. McMillan, Ph.D.

See description under Geropsychology section.

Hospice and Palliative Care Center/Sub-Acute Medicine Unit

(Building 100, 4A and 4C, PAD)

Supervisor: Julia Kasl-Godley, Ph.D.

See description under Geropsychology section.

Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: Harriet Katz Zeiner, PhD

See description in Neuropsychological and Personality Assessment section.

**Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center
(Building 7, PAD)**

Supervisors: Neda Raymond, Ph.D.

Tiffanie Sim, Ph.D.

Elisabeth McKenna, Ph.D.

See description in Neuropsychological and Personality Assessment section.

Polytrauma Transitional Rehabilitation Program (PTRP)

(Building MB2, PAD)

Supervisors: Carey Pawlowski, Ph.D.

Maya Yutsis, Ph.D., ABPP

See description in Neuropsychological and Personality Assessment section.

Primary Care-Mental Health Integration (San Jose Clinic)

Supervisor: Delilah Noronha, Psy.D.

1. **Patient Population:** Primary Care patients with diverse cultural, socioeconomic and medical histories. The patient population includes both males and females however approximately 10% are women. Most patients are older (ages 50+) but primary care is seeing an increasing number of younger patients, namely new returnees. There are occasions in which the patient's family also participates in services when appropriate. Ethnic diversity primarily includes Caucasians, African Americans, Asian Americans/Pacific Islanders, and Hispanics. The VA primary care population has a high prevalence of Post-Traumatic Stress Disorder, post-deployment health conditions, Chronic Pain, Diabetes and insomnia. The PCBH program provides specialized services for Operation New Dawn service members and functions within an embedded post-deployment clinic.
2. **Psychology's role in the setting:** The Primary Care-Behavioral Health (PCBH) team includes psychologists with experience/expertise in primary care-care mental health integration. The program provides brief consultation, assessment and intervention to primary care patients, most of which also have comorbid chronic medical conditions. Interventions provided follow a stepped care approach and are supported by the evidence and patient-centered. Interventions are also implemented using a PACT (Patient Aligned Care Teams) framework.
3. **Other professionals and trainees in the setting:** Psychologists in the PCBH program work directly with Physicians, Physician Assistants, Clinical Nurse Specialists, Nurse Practitioners, Pharmacists, specialty mental health providers, Registered Dietitians, Health Technicians, Physical Therapists, Recreation Therapists.
4. **Nature of clinical services delivered:** The PCBH program offers psychological assessment and treatment of primarily behavioral and health-related issues (i.e. chronic pain, insomnia, diabetes). The program also provides assessment, triage and time-limited treatment of general mental health conditions such as anxiety and depressive conditions. PCBH team members facilitate and participate in routine interdisciplinary team meetings and case conference (i.e. chronic pain case conference). The program is also responsible for ongoing program development in collaboration with ambulatory care.
5. **Intern's role in the setting:** The Intern provides consultation, assessment and treatment to individuals and groups of patients; supervise practicum trainees, primary care staff (i.e. support for motivational interviewing) and unlicensed behavioral health technicians; participate in program development and evaluation; and manage/triage PCBH consults. The Intern may also chose to develop clinical services based on patient care needs that can be sustainable beyond his/her year.
6. **Amount/type of supervision:** One hour for every 10 hours worked and at least one hour per week of unscheduled curbside consultation/supervision.
7. **Didactics:** Per intern training program.
8. **Pace:** This is a fast-paced setting in which consultation and unscheduled patient contact is primary method for patient care. There are virtually no slow days in clinic for example if a patient cancels, the psychologist is then available for other ongoing services such as answering consults, attending team meetings preparing for groups etc.

Who we are: The PCBH program is an outpatient program staffed by Clinical psychologists, Psychiatrists, Nurse Practitioners and unlicensed behavioral health technicians who provide clinical services to primary care patients. Focus areas and areas in which our staff is looked upon for expertise by Ambulatory Care colleagues are: Chronic pain, post-deployment health, and Insomnia. PCBH is considered a specialized service with interventions and services tailored to the needs of primary care patients. There is a unique skill-set and clinical focus that a primary care-integrated care psychologist has that is distinct from our specialty mental health and behavioral medicine colleagues.

What we do: The Primary Care-Behavioral Health program is a primary care-mental health integration program that utilizes the blended model of integration (co-located collaborative and care-management). This program's mission is to increase access for mental health assessment and triage as well as to provide services to a group of patients who are experiencing some level of health-related stress but who do not necessarily require specialty mental health services. While the program provides a broad range of stepped interventions (i.e. health coaching to CBT), prevention and self-management are key elements of the services provided. The stepped care approach also includes care-management approaches that reinforce monitoring and engagement efforts for patients that decline services or who may be referred to other programs. Primary Care-Behavioral Health provides care to primary care patients and consultation to primary care providers.

The psychologist's role in a primary care clinic ranges from curbside consultative to crisis management. Both assessment and interventions are brief; assessment ranging from 15-30 minutes and individual therapy ranging from 6-9 sessions. Group therapy is supported by the evidence and follows a brief format. There are also Shared Medical Appointments (SMAs) which psychologists facilitates with Physicians and/or nursing staff. Finally, psychologists may coordinate or facilitate educational classes and peer support groups. While service delivery is based on episodes or care using interventions supported by the evidence, the nature of primary care enables an organic opportunity for re-referral and check-in of even patients who were discharged for PCBH treatment. One of the unique services offered is consultation and monitoring of front-line antidepressants. The program's staff psychiatrist serves as a direct and indirect consultant to prescribers in primary care. Psychologist play an active role and liaison in this process as they typically will provide their assessment of whether or not a patient may be appropriate for "in-house" prescription of a psychotropic medication with consultation support from the program psychiatrist. The psychologist does not provide recommendations for medication type and dosage but after approval from either the PCBH psychiatrist and/or prescribing provider will monitor compliance and response to ensure patient has a safe and adequate trial of a medication. This service provides Interns with an opportunity to participate in medication care management while considering issues regarding scope of practice and interdisciplinary collaboration.

What the Intern does: The Intern has the following responsibilities: a) continue clinical training and complete all training program requirements, b) teach part of the practicum didactics, c) develop and complete a research or program development/evaluation project, d) provide supervision to practicum students, health technician, and/or primary care staff, e) manage and triage consults f) provide clinical services, and g) facilitating or co-facilitating team meetings. Some clinical services will require participation in tele-health.

Supervision: Supervision is a minimum of four hours per week. There are at least two hours of face-to-face supervision provided by the preceptor/supervisor. Additional curbside supervision will be provided as well as impromptu sessions which include clinical observation, reviewing patients prior to clinic, and discussion of patients after clinical contacts. Supervision includes, but is not limited to, review of the Intern's cases, problems the Intern identifies, and personal issues related to clinical work or professional development.

Case conceptualization is primary focused on cognitive-behavioral approaches however, given emphasis on patient-centeredness within the program, Intern are encouraged to utilize supervision to consider other evidence-based approaches that may be useful.

Training Goals: Training in the Primary Care-Behavioral Health Program is designed to help Interns attain both general practice competencies and competencies in integrated care. The Intern will learn skills specific to an integrated care psychologists and be able to better distinguish themselves from other specialist areas in psychology such as behavioral medical and general mental health. Integrated care is an

evolving field and requires conceptual and clinical flexibility. Interns are expected to remain abreast of the latest developments in integrated care as well as remain mindful of the identity of an integrated care psychologist in relation to other mental health providers and specialty psychologists. The Intern should have strong clinical skills and judgment with experience in Medical and Health psychology cases. Motivation and ability to learn condition-specific pathophysiology is necessary.

The Intern is expected to be competent to diagnose the broad range of DSM 5 mental health disorders but specially have or gain expertise in differential diagnoses regarding chronic pain, substance use disorders, cognitive disorders and sleep disorders. Interns should also have training in an empirically based treatment for anxiety and depression as the training experience will focus on learning of strengthening skills in CBT for chronic pain and insomnia. The Intern should function well within an interdisciplinary team and actively collaborate with various team members on treatment planning and/or service delivery.

Reviewed by: Delilah Noronha, Psy.D.
Date: 7/15/14

Spinal Cord Injury Outpatient Clinic
(Building 7, F143, PAD)
Supervisor: Jon Rose, Ph.D.

Patient population: Persons with spinal cord injury/dysfunction, age 18 to 90, but predominantly older adults; duration of injury from a few days to 60 years.

Psychology's role: Clinical services to patients, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

Other professionals and trainees: Medicine, Nursing, Occupational Therapy, Physical Therapy, Recreation Therapy and Social Work.

Nature of clinical services delivered: Screening for cognitive functioning and mood disorders, neuropsychological and personality assessment, individual and some family therapies.

Intern's role: Essentially the same as the Staff Psychologist. Opportunity to supervise practicum students.

Amount/type of supervision: Live supervision of new skills, 1-hour individual supervision, 1-hour group supervision; level of autonomy negotiated according to training goals.

Didactics: Neurosurgery/Radiology Grand Rounds Thursdays 8:15–9, Patient Education classes W 12–1 p.m., and assigned readings.

Pace: Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted on the day of patient contact. Assessment reports should be written within a week of completing the exam. Supervisor reviews all notes and reports via e-mail. Workload can be managed within the allotted time.

This comprehensive special care program serves outpatients in Northern California, Hawaii, The Philippines, American Samoa, Guam, and parts of Nevada. Home care is also provided to assist in the transition from inpatient to outpatient care. Although spinal cord injury is a serious medical condition, people often become more functional and socially active as a result of their rehabilitation experience. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications and performs health care maintenance. Therefore, the Psychology intern sees many different problems. Most of our patients do not see themselves as mental health patients, even when receiving psychological interventions. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities throughout adulthood, and how adult development and aging interact with disability.

Trainees provide individual brief and long-term psychotherapies, family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment. Most psychology interventions are related to the treatment of psychological antecedents and sequelae of medical/surgical problems, as well as diagnosis and treatment of depression, alcoholism and cognitive deficits in older adults. Some care is given by telephone or video conference to home due to the large catchment area. The major goal of the rotation is to learn how to function in a medical setting as a member of an integrated health care team, providing services for the prevention and treatment of psychological distress. Significant training is also provided in the psychology of aging and its clinical application, so this can be considered a geropsychology rotation as well as offering opportunities for training in physical rehabilitation and neuropsychology.

Interdisciplinary assessments are usually done Mondays and Fridays from 9:00 to 3:00, Tuesdays from 8:30 to 4:00 and Fridays from 10:00 to 12:30. Further psychological interventions and assessment are done at times convenient to the intern. The rotation requires 18 hours per week including Tuesdays from 7:45-2:30.

"I had a wonderful training experience in SCI! I felt well-supported and well-respected by my supervisor and very much appreciate that he broadened my horizons." ~Recent intern

Therapy supervision is available for behavioral, cognitive, client-centered, psychodynamic, motivational interviewing and systems approaches. Neuropsychological assessment is both actuarial and qualitative. Assessments are targeted to specific questions and designed to take sensory and motor deficits unrelated to brain functioning into account. A postdoctoral fellow may provide additional supervision. In

addition to individual supervision, psychology trainees attend weekly group supervision. Interns will receive training in the supervision of practicum students.

Reviewed by: Jon Rose, Ph.D.
Date: 7/7/14

Spinal Cord Injury Service (Building 7, PAD)

Supervisor: Stephen Katz, Ph.D.
John Wager, Ph.D.

1. **Patient population:** Persons with spinal cord injury/dysfunction, age 18 to 90, mean age 55; duration of injury from a few days to 60 years. Admitted for rehabilitation, medical/surgical problems/complications, neurologic, psychiatric co-morbidities and annual evaluations.
2. **Psychology's role:** Treatment of psychological antecedents and sequelae of medical/surgical problems, as well as psychological treatment of such conditions; every patient admitted is assessed for psychological services. Services, referrals, consultation to team, and/or intervention in team functioning and dynamics as indicated. We serve as consultants for evaluation of functional, diagnostic, and treatment considerations to interdisciplinary staff throughout the Spinal Cord Service. In addition, we provide psychoeducation and cognitive retraining to patients with neurological impairments.
3. **Other professionals and trainees:** Physicians, nurses, dietitians, physical, occupational and recreational therapists, and social workers along with trainees for each discipline.
4. **Nature of clinical services delivered:** Brief and extended neuropsychological and psychological assessment, individual and family therapy, sex therapy, social skills training, system consultation, cognitive remediation, staff training, pain management, patient education, and psychological rehabilitation.

5. **Intern's role:** Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Interns are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care. Comprehensive neuropsychological evaluations requiring interns to select, administer, score, and interpret a battery of tests in order to address the referral question. Opportunities for research are available and encouraged. Several presentations, publications, and dissertations have been accomplished here by students and the integration of science and practice is supported. Opportunities also exist to supervise two practicum students with the goal of developing your skills as a supervisor. This supervision will be supervised by attending SCIU staff psychologist.
6. **Amount/type of supervision:** Individual supervision (at least one hour/week) as well as one hour of group supervision focuses not only on patient and team interaction but also on systems issues. Early in the rotation, goals are mutually agreed upon and set by the intern and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations.
7. **Didactics:** SCI Grand Rounds, frequent SCI In-services, and Patient Education Classes are available for interns.
8. **Pace:** Approximately 4-6 patients are admitted weekly, so that interns will be asked to see 2 or 3 for initial evaluation, participate in treatment planning and write appropriate documentation. Number of patients seen per week for follow-up depends on clinical decisions made jointly with interns and supervisor, but has averaged approximately 5 per week. Interns will carry 1-2 neuropsychological cases at a time. The evaluation is encouraged to be timely in order to provide necessary recommendations to the team and patient. The pace is relatively relaxed, but the intern needs to be self-initiating and self-structured.
9. **Time requirement:** A half-time, 6-month rotation is usually required to become integrated into this complex system as a fully functioning team member.

The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the art care to newly injured veterans as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance. Therefore, many different problems are seen by the Psychology intern during this inpatient medical/surgical rotation. Although spinal cord injury is a serious medical condition, people often become more functional and socially active as a result of their rehabilitation experience. SCI rehabilitation patients are often hospitalized for a number of months, and the staff has an opportunity to get to know them and their families quite well. Usually patients are not admitted for psychological reasons, so providing psychological services may require the intern to function informally and casually, while maintaining a professional, helpful demeanor.

The major goal of the rotation is to learn how to function in an inpatient medical/surgical setting as a member of an interdisciplinary team, providing services for the assessment, prevention, and treatment of psychological distress and neuropsychological difficulties.

Reviewed by: Stephen I. Katz, Ph.D.; John Wager, Ph.D.
Date: 7/23/14

The Western Blind Rehabilitation Center (Building T365, MPD)

Supervisors: Laura J. Peters, Ph.D., Staff Psychologist

Patient population: Primarily geriatric veterans coping with visual impairment and other health issues. A subset of Active Duty, younger and older veterans who have brain injuries and sight loss for our Comprehensive Neurological Vision Rehabilitation Program.

1. **Psychology's role:** The psychologist provides direct care to veterans and serves as a consultant to rehabilitation therapists.
2. **Other professionals and trainees:** Other staff members are Masters and Baccalaureate level trained Blind Rehabilitation Therapists focusing on orientation and mobility, visual skills, manual skills, living skills and technology. Orientation and Mobility and Living Skills Trainees are often present, as are Psychology Practicum Students, Psychology Fellows and Social Work Interns.
3. **Clinical services provided:** Intake Evaluations and Cognitive Screens of veterans on admission; participation in treatment planning meetings; provision of short-term psychotherapy; psychoeducational group leader; and interventions with staff working with the veterans. The psychology intern could also meet with veterans' family members who come to the Blind Center for Family Training.
4. **Intern's role:** Interns participate in evaluations of veterans, provision of short-term individual psychotherapy, running a large psychoeducational support group, presenting at treatment planning meetings, and interventions with staff working with patients.
5. **Amount/type of supervision:** Two hours of formal supervision would be offered for a half-time rotation. Informal supervision would be readily available as the supervisor is on site. Fulltime three month rotations might also be available.
6. **Didactics in the setting:** Interns are given didactic and hands-on Blind Rehabilitation Training. Trainees are sensitized to the issues of working with veterans with acquired disabilities.
7. **Pace:** For a half-time intern, working-up one to two patients a week with written report with turn-around of two to three working days is required. The Intern may also carry two to three patients for short-term psychotherapy as available. Progress notes are written on each psychotherapy session as soon as possible. Attendance at patient treatment planning meetings and consultation with staff would also be part of the interns' weekly duties as possible.

The Western Blind Rehabilitation (WBRC) is recognized internationally as a leader in rehabilitation services, training, and research. WBRC is a 32 bed residential facility, which provides intensive rehabilitation to legally blind veterans learning to adjust to and manage sight loss. It is staffed by 40 blind rehabilitation specialists and over 200 veterans go through the program each year.

The typical client is approximately 75 years old and is legally blind due to some progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial vision, as opposed to those who are totally blind, often must learn to live with a "hidden disability," that is a disability not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and from chronic illness. Fortunately, losses and changes experienced by those with vision impairment are offset by the acquisition of adaptive skills and personal reorganization. The psychologist's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral. The focus is on brief psychotherapy since veterans are in the program for six to eight weeks on average. Both concrete actions veterans can take to improve their lives as well as changes in thinking patterns related to how to go on in the face of a catastrophic disability are

addressed. Initially interns observe the supervising psychologist. Interns then move toward being observed while on the job and then working autonomously with supervision.

Reviewed by: Laura J. Peters, Ph.D.

Date: 7-23-14

Women's Health Psychology Clinic **Supervisor: Elizabeth (Beth) Manning, Ph.D.**

- 1. Patient Population:** Medical and mental health patients from culturally diverse backgrounds
- 2. Psychology's role:** Triage, treatment planning, assessment, individual and group psychotherapy, collaboration with primary care behavioral health psychiatrist, collaboration with medical providers, consultation to interdisciplinary team
- 3. Other professionals and trainees:** Attending Physicians, Attending Psychiatrist, Medical trainees (medical students, interns and residents), Primary Care Behavioral Health Psychologists, Psychology Technician, Nurse Practitioners, RNs, LVNs, Pharmacists, Dieticians, Social Workers, Clerical Staff.
- 4. Nature of clinical services delivered:** Clinical services provided range from brief behavioral health interventions and/or problem solving sessions, to 12-16 sessions of psychotherapy focused on meeting specific goals identified during assessment. A variety of groups are also available. Bibliotherapy and referral to specialty mental health are utilized.
- 5. Intern's role:** Triage, assessment, treatment planning, psychotherapy, group co-facilitation, consultation to interdisciplinary team, consultation to Women's Heart Health/Prevention team. Other consultation opportunities in Breast Clinic, Sexual Health Clinic, and Women's Chronic Pain Clinic.
- 6. Amount/type of supervision:** One hour individual supervision plus "on the fly" supervision during triage
- 7. Didactics:** Participate in monthly case conference and journal club meetings
- 8. Pace:** Moderate pace. Progress notes and triage assessments should be drafted within 24 hours. Evaluations should be written within one week of initial meeting.

Women's Health Psychology (WHP) can be conceptualized as a hybrid of Primary Care Behavioral Health, Behavioral Medicine, and Women's Mental Health. The clinic is co-located in the Women's Health Center (the General Medical Clinic for women) so as to address barriers to mental health treatment engagement among patients. Via "warm handoffs" initiated by the patients' primary care providers we increase the likelihood that patients will engage in care and if warranted, facilitate the transfer of patients requiring higher level treatment to the Women's Counseling Center (WCC). The WHP psychologist's primary responsibilities can be summarized as detection, prevention, and stabilization. *Detection:* We provide follow-up to positive alcohol, depression, and PTSD screenings administered in the primary care clinic and respond to referrals from primary care providers. *Prevention:* We offer primary or secondary prevention interventions to stave onset or forestall worsening of mental health disorders and/or medical conditions. We administer brief behavioral health interventions targeting unhealthy behaviors such as overeating, smoking, sedentary lifestyle, and poor sleep hygiene to promote wellness among our patients. *Stabilization:* We offer evidence based psychotherapies to help stabilize patients with acute psychiatric issues, such as PTSD, depression, anxiety disorders, and substance abuse. We refer to Women's Counseling Center following or concurrent with treatment in our clinic, if it is determined that the patient requires a higher level of care.

The clinic theoretical orientation is primarily integrative. Individual treatment, ranges from very brief behavioral health-oriented interventions (2-4 sessions) to 12-16 sessions of evidence-based psychotherapies such as CBT, Cognitive Processing Therapy (CPT), Acceptance & Commitment Therapy

(ACT), Seeking Safety, or Dialectical Behavior Therapy (DBT). Periodically we provide individual treatment via Telemental Health. WHP offers a variety of gender-specific groups, including Women's Acceptance & Commitment Therapy, the Women's Wellness Workshop – a health promotion group for women with chronic diseases, Women's Living Well with Chronic Pain Group, Women's Recovery From Alcohol Group, Women's Healthy Sexuality Group, and Women's Mindfulness Training for Chronic Conditions. Individual therapy in WHP may be augmented by group therapies provided at WCC and vice versa.

Interns will function as part of an interdisciplinary team providing triage assessment during primary care clinic. They will engage in treatment planning, intake evaluations, and time-limited individual treatment interventions. They will provide consultation to medical providers within the VA system regarding women's mental health and collaborate with the women's primary care based psychiatry clinic on Wednesday afternoons. Interns will co-lead groups with Dr. Manning and are encouraged to develop new groups based on their clinical interests. Interns are also expected to serve as part of the Women's Heart Health/Prevention Clinic on Friday mornings, collaborating with a primary care physician, pharmacist, and cardiologist, and will co-facilitate monthly Women's Heart Health Shared Medical Appointments. There are also opportunities to serve as a psychology consultant to the Breast Clinic on Mondays, the Sexual Health Clinic on Tuesdays, and the Women's Chronic Pain Clinic on Tuesdays/Thursdays. Structured supervision is 1 hour and also occurs within the context of the primary care setting.

Reviewed by: Beth Manning, Ph.D.
Date: 7/15/14

Neuropsychological and Personality Assessment

Overview: Clinical Neuropsychology Internship Training

Clinical Neuropsychology Internship training is offered as an emphasis area program. The following sites are primary training locations for Clinical Neuropsychology:

- Memory Clinic (Lisa Kinoshita, Ph.D.)
- Neuropsychological Assessment and Intervention Clinic (Harriet Katz Zeiner, Ph.D.)
- Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Neda Raymond, Ph.D., Tiffanie Sim, Ph.D.)
- Polytrauma Transitional Rehabilitation Program (Maya Yutsis, Ph.D., ABPP)
- Psychological Assessment Unit (James Moses, Jr., Ph.D., ABPP)
- Spinal Cord Injury Unit (John Wager, Ph.D.)

All neuropsychology rotations are described below. Neuropsychology training experiences also occur in other sites, such as the Behavioral Medicine service and some inpatient psychiatric wards; they can sometimes be arranged in other settings as well. For interns in the Neuropsychology track, two of their 4 primary rotations will be selected among the above sites. The other 2 training rotations can be selected from other clinical areas according to training needs and interests. While interns in any track may choose to train in any of the rotations described below, interns in the Neuropsychology track have preference in the choice of these rotations.

The training objectives for the Neuropsychology component of the Clinical Neuropsychology Internship are:

A. Diagnosis

- Exposure to neuroanatomy, neurophysiology overview, brain cuttings (neuropathology), neurology/ neurosurgery/ neuroradiology and grand rounds as time permits.
- Exposure to major diagnostic test batteries
- Experience in at least one major diagnostic method that is thorough --model to be provided and taught by appropriate supervisor.
- Administer, score, interpret, and develop narrative reports based on results of testing.
- Utilize computer-assisted administration and scoring of certain measures (e.g. Category Test, Wisconsin Card Sorting Test, continuous performance tests) as well as data analysis to expedite interpretation of assessment data.
- Work with a variety of patient groups, including (primarily) head injury and stroke, but also such conditions as intracranial tumor, anoxia, infections, MS, dementing illnesses, and various psychiatric disorders.
- Prepare comprehensive reports that are both accurate and clinically useful. Practice in communicating report data to patients, interdisciplinary staff, family members, and outside agencies.
- Present case material to peers in a series of case conferences both within and external to the medical center.
- Expand knowledge/experience with severe psychopathology and associated cognitive deficits - inpatient rotation.
- Mastery of Wechsler scales (WAIS & WMS) for differential diagnosis, syndrome analysis.
- Mastery of MMPI-2 special scales and profile interpretation.
- Exposure to projective tests, if desired.
- Weekly case work-up under supervision assessment case.

B. Rehabilitation/ Intervention

- Familiarity with principles of cognitive remediation, methods, applicability, limitations and CARF standards.
- Theoretical background for Cognitive Retraining (CR), pros and cons, research base.
- Determination of candidacy/suitability for CR.
- Computer-assisted CR: Selected candidates; selecting hardware; monitoring success/failure.
- Use of assessment for short, intermediate and long-term planning.
- Use of neuropsychological assessment data in the development of problems lists and treatment plans.
- Establishing treatment goals and determining progress/outcome of treatment.
- Neuropsychological consultation with medical and unit staff who provide rehabilitative care.
- Providing psychoeducation to patients, family and staff concerning a variety of neuropathological conditions.
- How to provide assessment feedback to patients and families to begin the process of awareness and /or acceptance of cognitive/psychosocial strengths and weaknesses.
- Individual and group psychotherapy with neurologically impaired patients focusing on adjustment to physical/cognitive disability and a lower level of functional independence.
- Individual counseling/psychotherapy: Brain-impaired patients presenting with depression, anxiety, low self-esteem, impulsivity, sexual dysfunction, etc.
- Couples counseling: with patient and partner.
- Family therapy: with patient and immediate family.
- Case management-providing a neuropsychologically integrative viewpoint of patients for both staff and families.
- Longitudinal exposure to patients on whom tests are available, to build up a personal reference base of:
 - The natural history of recovery from brain injury.
 - Neuropsychological test scores and functional behavioral capabilities.
- How to present neuropsychological information, education and in-services to non-neuropsychological professional audiences.
- Identification and management of catastrophic emotional responses and acting out behaviors in neurologically involved patients.
- Unit issues.
 - Understanding of the unit or program milieu from systems perspective, including roles of other disciplines.
 - Elements of program development within on-going unit.
 - Research design including quality assurance consideration.

An additional educational experience is the Neuropsychology seminar which meets on the second and fourth Thursdays of the month, from 3:00-4:30pm, in tandem with the geropsychology seminar on the first and third Thursdays of the month. It is required for interns on neuropsychology rotations and optional for other interns. Each week the seminar will typically include a presentation from an invited speaker or a discussion of a relevant journal article/case presentation. The seminar will address a wide range of topics in neuropsychology, as well as many topics which overlap with geropsychology such as dementia, traumatic brain injuries, strokes, substance abuse, and psychopathology. Neuropsychology-focused topics will include the basics of brain organization and assessment, differential diagnoses of cognitive impairment and dementia, neurological syndromes (e.g., aphasia, neglect), neuroimaging, neurological exams, assessment and therapy challenges in outpatient, inpatient and long-term care settings, assessment and treatment of psychopathology across the lifespan, working with interdisciplinary teams, evaluation of mental capacity, and psychotherapy with caregivers and cognitively impaired patients. For neuropsychology interns, there is an option to participate in brain cutting sessions on Fridays

in Bldg. 100 from 10-11:30am with a neuropathologist. This experience will be arranged on individual basis by your primary supervisor.

Reviewed by: Maya Yutsis, PhD, ABPP

Date: 7/7/14

Memory Clinic (Building 5, 4th floor, PAD)

Supervisors: Lisa M. Kinoshita, Ph.D.

- 1. Patient population:** Medical and psychiatric outpatients. Patients are primarily older adults with changes in cognitive functioning, memory concerns, or dementia, and the patient's caregivers.
- 2. Psychology's role:** Direct clinical service, consultation, interdisciplinary team participation.
- 3. Other professionals and trainees:** The Clinic's consultation staff consists of a clinical team, including psychologists, psychiatrists, and neurologists. Practicum students, interns, and postdoctoral fellows in clinical psychology, psychiatry and neurology.
- 4. Nature of clinical services delivered:** Clinical interview; neuropsychological screening; comprehensive neuropsychological and psychological assessments; feedback to interdisciplinary team members, referral sources, patient, and caregivers; individual, couples and family psychotherapy and cognitive retraining; interprofessional consultation. Psychotherapy and cognitive retraining is also part of the training rotation.
- 5. Intern's role:** Direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Administration, scoring, interpretation and report writing of neuropsychological screening and comprehensive neuropsychological and psychological assessment batteries, provide feedback to interdisciplinary team members, referral sources, patient and caregivers regarding outcome of evaluation, provide psychotherapy and cognitive retraining to patients and caregivers, work within an interdisciplinary team.
- 6. Supervision:** A minimum of 1 hour of individual supervision per week and 1 hour of group supervision per week, with additional supervision individual and/or group supervision as needed. Supervisor will observe trainee during sessions with patients (live supervision) as well as review verbal and written reports and case presentations.
- 7. Didactics:** Weekly interdisciplinary clinical team meetings, observation of neurological exams, neuropsychology and geropsychology seminar, cognitive retraining group supervision and didactics, pertinent psychiatry, neurology and neurosurgery Grand Rounds at Stanford.
- 8. Pace:** Trainees will have 1-3 assessment patients per week and 1-2 psychotherapy or cognitive retraining patients per week. Progress notes are required for each patient contact within 24 hours. Final assessment reports are expected to be completed within 2 weeks following completion of evaluation.

The VA Memory Clinic is an outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, GRECC, Neurology, Oncology, Hematology, and other specialty medicine clinics. The Memory Clinic focuses on assessment and differential diagnosis of complex cognitive and memory disorders. Common disorders include dementia, mild cognitive impairment, stroke syndromes, age-associated cognitive impairment, sequelae related to TBI, and Gulf War Illness. The clinic patient population primarily includes veterans from Vietnam War, Korean War and World War II eras who have cognitive complaints related to memory loss and other cognitive function changes. Clinicians make recommendations to providers and provide feedback to the patient and caregivers.

Reviewed by: Lisa Kinoshita, Ph.D.

Date: 7/23/14

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)**Supervisor: Harriet Katz Zeiner, Ph.D.**

Patient population: Medical patients, aged 18 to 65, with neurological impairments, sometimes with psychiatric co-morbidities, usually PTSD, or depression. Most patients are neurologically impaired: traumatic brain injury, tumor, anoxic injury, learning disabilities, or have suspected cognitive decline of unknown origin. Some are multiply diagnosed with medical and psychiatric problems. Diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse, and is living in the community. About 20% are women.

Psychology's role: We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center, and provide psychoeducation, cognitive retraining and individual psychotherapy (CRATER Therapy) to patients with neurological impairments and their families.

Other professionals and trainees: Neuropsychology practicum students, Psychology interns and Psychology postdoctoral fellows.

Nature of clinical services delivered: We evaluate patients' cognitive and mental status, strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management and treatment. Interns are expected to treat some of the patients, as well as their families in individual therapy with a focus on cognitive remediation, after the initial assessment. Cognitive deficits treated include difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. C.R.A.T.E.R. Therapy is taught for the treatment of patients with neurological impairment. Modified Prolonged exposure therapy is sometimes embedded in a CRATER Therapy framework for patients with co-morbid cognitive impairment and PTSD. In CRATER Therapy, most patients are seen by the same therapist who also treats their significant other.

Intern's role: Interns take primary responsibility for diagnostic evaluation of cases from referrals made to the clinic. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data with patients and sometimes, their family members. Feedback is given to patients and/or their families. Some patients are seen for cognitive retraining, individual and family psychotherapy, and/or and training in software and prosthetic electronic devices. Interns also have an opportunity to supervise practicum students. Interns are also expected to participate in the Fast Neuropsychological Response Consultation Service. This is a consultation service to the acute medical inpatient units. Interns have one on-call day every month where they can respond to immediately to questions the inpatient teams have concerning a patient with a quick same-day service turn-around time.

Amount and type of supervision: Individual supervision is provided on a weekly basis, drop-in consultation is encouraged. Group supervision over cognitive retraining/psychotherapy is given for 1 hour per week. Interns are expected to give presentations twice during the rotation, at the didactic portion of group supervision.

Didactics: There is a 1.5 hour required didactic and group supervision held weekly in the clinic. Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged. Arrangements can be made to observe brain cutting in the Neuropathology Laboratory. Attendance at the Neuropsychology/Geriatric/Rehabilitation Seminar weekly is required

Pace: Interns typically carry 4 cases at a time to evaluate, in various stages of the evaluation process (scheduling, testing, scoring, writing, feedback). Time to test a patient and do the write-up optimally would be 30-45 days, but more time may be required for complex cases. Preliminary feedback reports to the referral source are standard. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the Intern. Providing patients and referral sources with treatment recommendations is emphasized. Interns are expected to provide up to 4 hours per week of psychotherapy with neurologically impaired individuals or individuals and their family

members. Cognitive retraining with PDA and specialized software is usually embedded in the psychotherapy. One on-call day/month for neuropsychological consult to acute medical units (medicine, neurology, neurosurgery, step-down units) is required as well.

The Neuropsychological Assessment and Intervention Clinic provides diagnostic psychological and neuropsychological testing and rehabilitation treatment services to the Palo Alto Division. Referrals are primarily from the General Medicine Clinics, primary care physicians, staff psychologists, psychology fellows, psychiatrists, medical and psychiatric residents and staff, and other health care professionals who all send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse age range of patients from 18 to 65 with neurological or neurological and co-morbid psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is diagnosis, evaluation and treatment recommendations based on the patient's unique pattern of cognitive strengths and weaknesses, as well as individual and family psychotherapy and cognitive remediation (CRATER Therapy). The goal is to provide comprehensive behavioral and cognitive assessment services, treatment recommendations, and some treatment services to aid medical team personnel in planning an individualized program for each patient.

The number of cases seen depends on the Intern's schedule, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memory functions, neuropsychological functioning and personality/mental status assessment, mastery of how to conduct individual and couples psychotherapy with patients with neurological impairment (CRATER Therapy), and training in cognitive remediation are the skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each Intern in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide each Intern with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with patients with: brain damage, physical impairment, co-morbid PTSD, depression, anxiety, psychosis or personality disorder are usually new to Interns who train on this unit.

Supervision is weekly and typically is individualized with the supervising neuropsychologist. There is also group supervision of five or six persons who share very similar interests and skills. There is a significant didactic element in the clinic; Interns are expected to do a considerable amount of reading and some teaching/in-services. Opportunities to supervise practicum students and to be supervised on supervision techniques are available.

This rotation is appropriate for interns interested in specialties in neuropsychology, rehabilitation, medically-based populations (behavioral medicine), or geriatrics. The neuropsychology focus is on both assessment and neuropsychologically-informed treatment, the rehabilitation aspect is the focus on disability and functional improvement, and the geriatric focus is on diagnosis of Mild Cognitive Impairment or early diagnosis of Dementia (as patients are up to age 65) as well as interventions to allow patients to age-in-place.

Research opportunity is available on the outcome/efficacy measures of psychotherapy and cognitive remediation with patients with neurological impairment.

Reviewed by: Harriet Zeiner, Ph.D.
Date: 9/11/14

**Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center
(Building 7, PAD)**

Supervisors: Neda Raymond, Ph.D.
Tiffanie Sim, Ph.D.
Elisabeth McKenna, Ph.D.

1. **Patient Population:** Active duty service persons or veterans with a traumatic brain injury or polytrauma whose parents live in the western US. In addition to traumatic brain injury, diagnoses include cerebrovascular accidents (strokes); tumor resection; encephalopathy or any CNS neurological disorder; patients with motor disorders (Parkinson's, MS, ALS); patients with knee or hip replacements, deconditioning or fall risk or who have undergone amputation.
2. **Psychology's role:** Psychology's role is to be available as people are in the process of re-inventing themselves after a major physical and/or neurological trauma. Psychology also provides neuropsychological assessment for patients who have had a TBI or other neurological impairments or concerns. We treat patients individually and educate patients, families and staff about the best ways to deal with neurological and/or physical impairments. Psychology functions as an important member of the interdisciplinary team.
3. **Other professionals and trainees:** Physiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, vision-rehabilitation specialists, recreation therapists, military liaisons, as well as psychology fellows and other discipline-specific trainees.
4. **Nature of clinical services delivered:** Brief assessment; extended neuropsychological assessment with feedback to the interdisciplinary team as well as to the patient and patient's family; psychotherapy for the patient and his/her family, and education to patients, family, and staff regarding the effects of neurological impairment on behavior and emotions. Cognitive rehabilitation is often used in treating patients. Neuropsychological experience in this setting is typically longitudinal rather than cross-sectional. Patients are followed from the acute phase through the recovery of cognitive functioning until the patient is ready for discharge.
5. **Intern's role:** The intern serves as an apprentice, performing all roles of the staff clinical psychologist/neuropsychologist. The intern will be involved with neuropsychological assessment, individual and family psychotherapy, provision of psychoeducation, and will function as a resource for staff in all behavioral matters.
6. **Amount and type of supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions, on site availability during the day (supervisor is present on the ward or available via phone).
7. **Didactics:** 2 1/2 hours per week in neuropsychology seminar, assigned readings, and educational rounds.
8. **Pace:** Rapid in terms of responsiveness to consults and patients (each patient is seen for approximately 1 hour/day 2-5 days/week for several weeks and up to several months). Interns typically see 2-3 patients as a caseload. Total number of patients seen per rotation averages 8-12. Neuropsychological assessment; psychotherapy (3-5 times per week, per patient); psychoeducation to patients and families; determination of capacity for decision-making; determination of amount of supervision needed for patient at discharge; determination of whether patient is capable of returning to work/school; behavioral management planning and implementation; electronic charting including report writing and progress notes; and regular team consultation and education are all managed. Consults are responded to within 48 hours, team report within 1 week, and neuropsychological report within 3 weeks.

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more

than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach).

The Palo Alto Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC), an 18-bed Rehabilitation Medicine Service inpatient unit, provides acute care to patients with polytrauma resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of polytrauma include traumatic brain injury (TBI), hearing loss, fractures, burns, amputations, and visual impairment. The PRC/CRC provides interdisciplinary evaluation and treatment to patients suffering from cognitive, sensory and motor problems, and adjustment to serious disabilities. The objective of the PRC/CRC is to increase patients' functional independence and quality of life. The team consists of psychologists, neuropsychologists, physicians (physiatrists), nurses, speech and language pathologists, vision-rehabilitation specialists, occupational therapists, physical therapists, social workers, and case managers. A number of military liaisons also work within the interdisciplinary team, in order to facilitate treatment and discharge planning for active duty service members.

The psychologists on this service provide assessment and treatment services directly to patients, as well as consultation services to the treatment team. The direct service component includes: neuropsychological and psychodiagnostic testing, writing prognostic treatment plans, individual supportive psychotherapy, cognitive rehabilitation, behavior management, and family intervention. The consultation component includes: bi-weekly staff meetings, participating in family conferences, conducting educational rounds, and developing educational and research programs on the unit.

Psychology training focuses on patient care and consultation services. Emphasis is placed on neuropsychological and psychological evaluation and treatment of medically ill patients. Interns will participate in the full spectrum of psychological services offered on this unit, as described above. Interns conduct psychological evaluations and psychotherapeutic interventions for the patients in this program. As these patients often stay for some time, and may be seen by psychology daily, the intern has an opportunity to compare the patient's everyday behavior with the results of their testing, and to observe functional change across time. The emphasis on longitudinal exposure to neuropsychologically involved patients is in direct contrast to the cross-sectional approach of consulting and liaison assessment rotations. The staff psychologist provides two to four hours of supervision per week for a half-time rotation.

Reviewed by: Tiffanie Sim, Ph.D. & Neda Raymond, Ph.D.
Date: 7/22/14 & 7/9/14

Polytrauma Transitional Rehabilitation Program (PTRP) (Building MB2, PAD)

Supervisors: Carey Pawlowski, Ph.D., Rehabilitation Psychology emphasis
Maya Yutsis, Ph.D., ABPP-CN, Neuropsychological Assessment emphasis

- 1. Patient Population:** Active duty service persons and Veterans with a recently acquired brain injury or Polytrauma (1 month to 1 year post injury). Medical and neurologic diagnosis include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), tumor resection, encephalopathy or any CNS neurological disorder, motor-neuron disorders (Parkinson's, MS, ALS), and amputation, often along with complex psychiatric history including PTSD, depression, anxiety,

bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.

2. Psychology's role:

Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management planning, providing psychoeducation to patients and families, consultation to other team members and teams, lead mental health rounds, and provide psychological care to patients who sustained a recent life-altering physical and neurological trauma.

Neuropsychology's role is to serve as diagnostic consultants to interdisciplinary staff, describe patient's cognitive status, strengths and limitations, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, lead cognitive consensus, complete decision making capacity evaluations, and provide psychoeducation to patients and their families.

3. Other professionals and trainees: Psychiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, psychiatrist, recreation therapists, low-vision specialists, military liaisons, as well as psychology interns, fellows and other discipline-specific trainees.

4. Nature of clinical services :

Rehabilitation Psychology: Individual, couples, and group psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team, patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for behavioral management and emotional regulation; psychosocial adjustment and wellness groups and cognitive rehabilitation groups (each group for 3 months); psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings.

Neuropsychology: Comprehensive neuropsychological and personality assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group based interventions, and psychosocial adjustment and wellness groups (each group for 3 months); leading cognitive consensus to develop individualized plan for taught-on-PTRP compensatory strategies based on patient's neuropsychological, speech pathology, and occupational assessment profiles; education on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions. Repeat neuropsychological assessments are administered at admission, mid-treatment, and at discharge.

5. Intern's role: Interns are full members of the interdisciplinary treatment team, working with all team members to help patients reach their rehabilitation goals. They serve as apprentices and take primary responsibility for performing all aforementioned roles of the staff rehabilitation psychologist and/or clinical neuropsychologist under supervision and within the context of a supportive training environment.

6. Supervision: 1 hour per week individual supervision, 2 hours per week supervision in team sessions; drop-in consultation is encouraged, supervisors are available on site during the day (on the unit or via phone).

7. Didactics: 2 ½ hours biweekly in neuropsychology seminar, assigned by supervisor readings, educational interdisciplinary, PM&R, and psychology rounds, Polytrauma grand rounds/seminars, PTRP in-service presentation at the end of the rotation.

8. Pace:

Rehabilitation Psychology: One rehabilitation psychology assessment every two weeks, with preliminary note within 24 hours following each visit and complete rehabilitation psychology report within 5 days; carry a caseload of three to four individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psycho-social adjustment and wellness group; option of co-leading cognitive rehabilitation groups; attendance at morning rounds

and interdisciplinary meetings (IDT weekly on Mondays), participation in family meetings (1-2 over the admission course), Total number of patients seen per rotation averages 16-20

Neuropsychology: One neuropsychological assessment weekly (typically 5-6 hour battery), with initial preliminary note within 24 hours following each visit and complete neuropsychological report within 5 days; co-lead cognitive rehabilitation groups (2x week for 3 months); lead psycho-social adjustment and wellness group (2x week for 3 months); decision making capacity evaluations on admission, mid-treatment, and at discharge; 1 case of individual psychotherapy with full admission intake, psychological assessment, treatment planning; attendance of interdisciplinary meetings (IDT on Monday afternoons weekly); participation in family meetings (1-2 over the admission course). Total number of patients seen per rotation averages 16-20

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center (PRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach).

The Polytrauma Transitional Rehabilitation Program (PTRP) is a transitional, milieu-based, residential program designed to transition patient with a brain injury from acute inpatient rehabilitation to living in the community or return to military duty. Typically, patients are moderately to severely impaired neurologically, although generally medically stable and able to participate in comprehensive and intensive rehabilitation toward re-developing home and community roles. Patients live on the unit (MB2) during the initial phase of the program and may transition to day treatment while living in the community. Length of stay varies according to particular patient goals and progress, but a typical length of stay in the PTRP is three to six months.

Given the polytraumatic nature of the injuries in the PTRP, interns will have the opportunity to work with patients on issues related to brain injury/neurological impairment and co-occurring conditions such as PTSD, visual impairment, amputations, orthopedic injuries, etc. The PTRP operates in a truly interdisciplinary method. Collaboration is key, with various disciplines working together and mutually reinforcing specific patient goals (e.g., cognitive enhancement and compensation, physical health and wellness, life skill development, psychosocial adjustment, etc.). Cognitive rehabilitation retraining is woven throughout the program. The interdisciplinary treatment team works with each patient to meet his or her specific community re-entry goals as well as the criterion goals of the three program phases: (1) Foundation-building; (2) Skill-building; (3) Community application.

With all of the above in mind, the PTRP staff not only have an opportunity to get to know the patients (and often their families) quite well, we also have the opportunity to help them enhance their quality of life while resuming and adapting to various roles in their homes and in the community. The community-integration focus makes this setting a unique opportunity for clinicians to observe, guide, and provide feedback to patients while they are engaging in “real life” events (ranging anywhere from successfully maneuvering through all of the steps necessary to attend a baseball game in the community to developing a comprehensive life-goal plan such as attending college or obtaining employment.)

On the PTRP rotation, it is our sincere hope that the intern continues on his or her professional development pathway while enhancing versatile skills in assessment, counseling, consulting, and educating. As supervisors, our mutual aim is to provide plentiful support while promoting the intern’s

increasing sense of responsibility and independence as such skills develop, thereby fostering a sense of professional identity and self-efficacy.

Reviewed by: Carey Pawlowski, Ph.D. & Maya Yutsis, Ph.D.

Date: 7/23/2014 & 7/7/2014

Psychological Assessment Unit (Building 6, PAD)

Supervisor: James A. Moses Jr., Ph.D., ABPP-CN

- 1. Patient population:** Mixed neuropsychiatric and medical patients. Most patients are multiply-diagnosed with medical, psychiatric, and substance abuse problems. Neuropsychiatric diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse.
- 2. Psychology's role:** We serve as diagnostic consultants to interdisciplinary staff throughout the medical center.
- 3. Other professionals and trainees:** Practicum students and Psychology Interns.
- 4. Nature of clinical services delivered:** We evaluate patients' cognitive and mental status strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management when appropriate.
- 5. Intern's role:** Interns take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the unit. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data. Very occasionally an advanced intern with a well-defined question may choose to collaborate with Dr. Moses to formulate a psychometric research study that makes use of extensive archival psychometric data. Every attempt is made to integrate new developments in empirically based assessment with clinical practice. We evaluate our clinical procedures empirically on an ongoing basis. Research results are the basis of our clinical guidelines.
- 6. Amount and type of supervision:** Individual supervision is provided on a weekly basis, drop-in consultation is encouraged.
- 7. Didactics:** Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged.
- 8. Pace:** Interns typically take one case at a time to evaluate. Time to test a patient and do the write-up optimally would be 5-7 working days, but more time may be required for complex cases. Cases that require only actuarial assessment may be done in less time. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the intern.

The Psychological Assessment Unit provides diagnostic psychological testing services to the Palo Alto Division by consultation. Staff psychologists, psychology interns, psychiatrists, medical and psychiatric residents and staff, and other health care professionals send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse range of patients with neurological and/or psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is primarily differential diagnosis and evaluation of the patient's unique pattern of cognitive strengths and weaknesses. The goal is to provide comprehensive behavioral and cognitive assessment services, which can aid treatment team personnel to plan an individualized program for each patient we evaluate.

Interns who choose this training assignment may conduct assessments of cases from the Psychological Assessment Unit or from their own treatment caseload from other training sites. The number of cases seen depends on the intern's schedule, motivation, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memorial functions, neuropsychological screening and personality/mental status assessment are the core skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each intern in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide each intern with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with psychotic, brain damaged, geriatric, and physically impaired patients usually are new to interns who train on this unit. Training in assessment on the Psychological Assessment Unit always is provided on a part-time basis for pre-doctoral interns.

Individual supervision is provided weekly by the supervising neuropsychologist.

Reviewed by: James A. Moses, Ph.D.
Date: 8/20/2013

Spinal Cord Injury Service (Building 7, PAD)

Supervisors: Stephen Katz, Ph.D.
John Wager, Ph.D

See description in Psychological services for Medically-based Populations section.

Inpatient Psychiatry and Serious Mental Illness

Introduction and Overview

Psychiatric Intensive Care Unit (520C)
Intensive Treatment Unit (520D)

Supervisors: **Stephen T. Black, Ph.D.**
 Kimberly L. Brodsky, Ph.D.
 William O. Faustman, Ph.D.

1. Patient population

Male and female veterans with serious mental illness in acute crisis

2 Psychology's role

All psychologists on the inpatient units serve as attending care providers.

Integral members of the interprofessional treatment teams

Group therapies

Individual therapy

Assessment

Supervision and training of psychiatry residents and medical students in psychological interventions

3. Other professionals and trainees

Psychiatrists

Psychiatric Residents (1st and 2nd year, may not be present on all units)

Medical Consultants

Pharmacist

Social Worker

Recreation Therapist

Nursing Staff (RNs, LVNs, and NAs)

Chaplain

Nursing students

Chaplain students (may not be present on all units)

Medical students (may not be present on all units)

Psychology practicum students (may not be present on all units)

4. Nature of clinical services delivered

The units provide comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk.

Concomitant medical problems are also addressed.

The approach to treatment on all units is biopsychosocial.

Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan.

Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

5. Intern's role

Interns are full members of the interprofessional treatment teams

Interns participate actively to the extent they are clinically ready.

Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions.

Interns are expected to integrate science and practice, being aware of current literature supporting their work.

Interns assist in the training and education of professionals from other disciplines

Interns provide group and individual interventions for veterans

6. Amount/type of supervision

Interns receive 1 hour of individual supervision each week (more as needed).

Interns receive 2 or more hours of group supervision weekly.

Interns participate in a weekly supervision on group psychotherapy

Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups.

Theoretical orientation varies with the individual supervisor, but a cognitive-behavioral, social-learning theory perspective is predominant.

7. Didactics

Interns are encouraged to participate in the inpatient psychiatry didactic series, occurring at noon three days a week, in psychiatry Morning Report, Journal Clubs led by Dr Brodsky and Dr Ostacher

8. Pace

Acute inpatient programs are very busy units, operating at nearly full capacity at most times.

Inpatient work is inherently fast paced, with patients being admitted in acute crisis.

Workload is heavy and requires development of skills necessary to organize time efficiently

Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

The Acute Inpatient Psychiatric Programs, as is true in most areas of health care, have undergone significant programmatic change in recent years. These changes result from a philosophical shift in treatment focus within the Veterans Health Administration, from one of extended hospital-based, inpatient care, to one of community-based outpatient care. Within the VA, this has meant the closure of many inpatient units and a transfer of those resources to enhanced outpatient care designed to prevent the need for hospitalization. The VA Palo Alto has been one of the national leaders in this movement and the inpatient units now deliver acute, short-term treatment to the patient with a serious mental health crisis.

At the Palo Alto Division, we have two 20-bed programs housed in a brand new, purpose build inpatient psychiatry building. This new building offers state of the art facilities for acute psychiatric care, including large atriums, exercise rooms, and significant access for patients to have both privacy and support in a recovery oriented environment. .

Training Opportunities

Training in working with individuals with severe psychopathology is particularly important for those psychologists whose academic programs have not exposed them to the diagnosis, management, and treatment of acute psychiatric crisis in its many manifestations.

A number of training opportunities stem from the nature of inpatient units as total environments. An intern on an inpatient rotation will interact with patients with a wide range of psychopathologies, neuropathologies, and medical disorders. The intern has the opportunity to integrate psychological treatments with biological, medical, social, educational, and nursing interventions. The intern has an opportunity to observe the supervisor intervene with patients and staff and to discuss the rationale for interventions, as well as their success or failure. The intern also has the opportunity to develop multifaceted skills as psychologist, therapist, consultant, and leader.

Psychology interns are integral members of the treatment teams on all units. As team members, they participate in community meetings, group psychotherapy, daily progress reviews with individual patients, as well as daily rounds during which the team reviews every patient's progress. While an intern is accepted as a full member of the treatment team, the program also prides itself on providing a supportive training environment for the intern. Levels of responsibility are geared to the intern's readiness, with ample support from staff and with increasing responsibility and independence as skills develop.

An intern may be involved in a variety of activities such as individual, group, and family therapy, assessment, case management, or consultation. Interns typically carry several individual cases for which they provide case management, assessment, and individual psychotherapy. A strong emphasis is placed

on diagnostic assessment, documentation of psychopathology, and development and provision of treatment that addresses the psychopathology and psychosocial issues. Therapy groups are diverse and span the range of level of functioning of the patients. Interns frequently serve as co-leaders of these groups.

The inpatient setting provides an experience in which the impact of treatment is readily observed. A lack of response or deterioration in a patient's condition is cause for re-evaluation of the diagnosis and treatment plan. Events are assessed for their impact on the ward as well as for their meaning for the individual patient.

Goals of training for intern rotations in inpatient psychiatry include:

1. Develop skills in performing comprehensive psychiatric evaluations, with emphasis on psychosocial issues and case formulation, as well as developing proficiency with DSM-5.
2. Develop familiarity with various types of major psychopathology.
3. Perform neuropsychological screening.
4. Develop crisis assessment and intervention skills, as with suicide risk.
5. Develop group therapy skills with groups having rapid turnover and shifting group dynamics.
6. Develop skill in brief psychotherapy with pragmatic outcomes.
7. Learn case management skills requiring an understanding of all aspects of treatment, including the biologic. Elicit patient cooperation and participation in treatment and discharge planning. Make timely decisions regarding treatment. Prepare comprehensive discharge summaries.
8. Gain familiarity with other VAPA HCS programs, so as to be able to make appropriate referrals and to coordinate treatment with other units.
9. Gain knowledge of legal procedures in which the psychologist is engaged (e.g., placing patients on holds, filing for conservatorships, and testifying in court).
10. Develop comfort working collaboratively with an interdisciplinary team, including developing theoretical and behavioral understanding of factors that facilitate and hinder effective teamwork.
11. Develop skills in providing informational and supportive family therapy.
12. Develop general knowledge of ethical and legal issues surrounding work with suicidal or assaultive patients and develop comfort in making decisions about involuntary commitments.
13. Develop basic familiarity with psychopharmacology.

Reviewed by: Stephen Black Ph.D.; Kimberly L. Brodsky,
Ph.D.; William Faustman, Ph.D.

Date: 08/05/2014

Psychiatric Intensive Care Unit (520C, PAD)

Supervisor: William O. Faustman, Ph.D.

Stephen T. Black, Ph.D

- 1. Patient population:** Adult male veterans with diagnoses of severe mental illness.
- 2. Psychology's role:** The psychologist is an attending mental health care provider who supervises the evaluation and treatment of a veteran while inpatient, as well as coordinating the transition to outpatient care. The Psychologist coordinates and supervises both individual and group psychotherapy components of treatment, neuropsychological screenings, behavioral interventions, forensic evaluations and court testimony.
- 3. Other professionals and trainees:** Psychiatry, Social Work, Nursing, Pharmacy, Medical students.
- 4. Nature of clinical services delivered:** Acute inpatient stabilization of veterans with serious mental illness. Interventions include psychopharmacology, individual and group psychotherapy, behavioral interventions, and neuropsychological screening assessments.
- 5. Intern's role:** The intern attends daily interdisciplinary team treatment rounds, opportunity to lead/co-lead groups, follows three to four individual psychotherapy cases, and conducts neuropsychological evaluations as needed. The Intern participates in forensic evaluations of patients and can go to court with attendings to observe expert witness testimony. The Intern may pursue research if interested.
- 6. Amount/type of supervision:** Daily consultation and at least one hour weekly of face-to-face supervision to discuss all aspects of the training experience.
- 7. Didactics:** One lunch meeting per week with psychiatry residents, medical students, psychology interns, and practicum students. Patient interviews and state of the art lectures are provided on a wide range of inpatient psychology/psychiatry topics.
- 8. Pace:** Very fast pace; daily progress notes required with same day turn around time.

520B is a 20-bed acute care treatment program for male psychiatric patients. This is the unit on which the most severe psychiatric symptoms are managed. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group psychotherapy as well as psychopharmacologic and behavioral interventions. With up to 50% of patients on involuntary commitment at any one time, there is an opportunity to deal with a variety of psycho-legal issues. The Psychiatric Intensive Care Unit is affiliated with Stanford University School of Medicine and is a training site for psychiatric residents and medical students as well as for psychology interns and practicum students.

An added benefit of this rotation is working on a highly effective interdisciplinary team. You will learn about mandatory reporting laws, involuntary commitment issues, forensic evaluation, and expert witness testimony.

This unit is very supportive of research activities, with recent projects on the prediction of violence in psychiatric populations and on the efficacy of new anti-mania medications. This unit would be supportive of interns who wish to carry out research projects during this rotation in the spirit of the scientist-practitioner model.

Reviewed by: Stephen T. Black, Ph.D.; W Faustman, Ph.D.

Date: 8/05/2014

Intensive Treatment Unit (520D, PAD)

Supervisor: Kimberly L. Brodsky, Ph.D.

1. Patient population: Male veterans with serious mental illness, addiction issues, and PTSD in acute crisis.

2. Psychology's role:

The psychologist serves as an attending care provider
Integral members of the interprofessional treatment teams
Group therapies
Individual therapy
Assessment

3. Other professionals and trainees:

Psychiatrists (two)
Psychiatric Residents (1st and 2nd year)
Medical Consultants
Pharmacist
Social Worker
Recreation Therapist
Nursing Staff (RNs, LVNs, and NAs)
Medical students
Psychology practicum students
Nursing students

4. Nature of clinical services delivered:

Comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk.
Concomitant medical problems are also addressed.
The approach to treatment on all units is biopsychosocial.
Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan.
Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

5. Intern's role:

Interns are full members of the interprofessional treatment teams.
Interns participate actively to the extent they are clinically ready.
Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions.
Interns are expected to integrate science and practice, being aware of current literature supporting their work.
Interns assist in the training and education of professionals from other disciplines
Interns provide group and individual interventions for veterans

6. Amount/type of supervision:

Interns receive 1 hour of individual supervision each week (more as needed).
Interns receive 2 or more hours of group supervision and the typical day includes several hours of meeting with patients with attending psychologists and psychiatrists present.
Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups.
Interventions and theoretical orientation is focused on brief, evidence based interventions. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivational Interviewing, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, and groups to manage PTSD and the sequelae of traumatic experience

Interns participate in a weekly supervision on group psychotherapy

7. Didactics:

Interns are encouraged to participate in the inpatient psychiatry didactic series, occurring at noon three days a week, in psychiatry Morning Report, Journal Clubs led by Dr Brodsky and Dr Ostacher

8. Pace:

Acute inpatient programs are very busy, operating at nearly full capacity

Inpatient work is inherently fast paced, with patients admitted in acute crisis.

Workload is heavy and requires development of skills necessary to organize time efficiently.

Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

520C is an acute treatment unit for male veterans, with a capacity for 20 patients; the number of veterans varies by need. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group therapy as well as psychopharmacologic and behavioral intervention. The majority of patients are voluntary and there is a unit emphasis on addiction and PTSD. The Intensive Treatment Unit is affiliated with the Stanford University School of Medicine and is a training site for psychiatric residents and medical students as well as for psychology interns. The overall level of acuity and severity of symptoms is generally less than on the other locked units.

Reviewed by: Kimberly L. Brodsky, Ph.D.

Date: 8/07/13

Specialty Mental Health Residential Treatment Programs

Foundation of Recovery (FOR) Residential Rehabilitation Program, Addiction Treatment Services (Building 520, PAD)

Supervisor: Jennifer Banta, Ph.D.

1. Residents:

- Men and women with moderate to severe substance use disorders (SUDs) and co-occurring mental health and medical conditions. The majority of veterans who present for treatment at FOR are male, ranging in age from 22-70 with the average age of 49, and many have social and occupational impairment (e.g., homelessness). The most common psychiatric co-morbidity is PTSD, diagnosed in approximately 43% of the patients seen in 2013.

2. Services:

- Milieu treatment including community meetings following a modified therapeutic community model
- Psycho-educational skills-building classes including Cognitive Behavioral Coping Skills, Mindfulness Based Relapse Prevention, Community Reinforcement Approach, Seeking Safety, Stress Reduction, Communication, 12-step Facilitation, Motivational Enhancement, and Problem Solving
- Individual assessment, crisis intervention, short-term therapy, and psychological testing
- Family and couples therapy
- Medication management and medical treatment and intervention
- Recreational and leisure activities

3. Staff and trainees:

- Psychologist
- Psychiatrist
- General Medical Physician
- Three addiction therapists
- Nurse (RN)
- Nurses (LVN)
- Social worker
- Trainees include psychology practicum students/interns, social work interns, and medical interns and psychiatry residents

4. Psychology's role:

- Actively engaged in program development (based on empirically supported methods)
- Conducts assessments to include intake assessment and formal psychological testing as needed, and short term psychotherapy with patients
- Participates in individualized treatment planning
- Co-leads process and psycho-educational groups
- Consults with the treatment team to address ongoing patient and community issues
- Serves a primary supervisory role with psychology interns and fellows
- Serves as secondary supervisor to trainees of other disciplines

5. Intern's role: The intern functions as a regular clinical staff member:

- Conducts admission interviews
- Plans individualized treatment
- Implements therapeutic community principles
- Co-leads community meetings, process/support groups, and psycho-educational groups (e.g., Mindfulness Based Relapse Prevention, Community Reinforcement Approach, Cognitive Behavior Therapy for Insomnia, Seeking Safety).
- Manages the care of a resident to include case management and discharge planning

- Documents clinical activities including admission interviews, progress notes, and integrated clinical summaries
- Additional optional activities depend on interests of the intern (e.g., designing assessments, designing psycho-educational interventions, conducting clinical research, program development)

6. Supervision:

- Individual supervision
- Group supervision
- Face-to-face discussion including informal discussions during the day
- Co-leading groups
- Review of progress/admission notes

7. Didactics:

- Principles of therapeutic community and groups (process/psycho-educational)
- 16-hour class on SUD
- Participation in FOR education and training presentations and in training opportunities available through the VA Department of Psychology.
- Attend weekly Mental Health CME lunches through VA Department of Psychiatry.
- Past FOR trainings have included: Boundaries, PTSD, DSM-V, Military Culture, OEF-OIF Veterans, “Does NA/AA Work?”, Personality Disorders and Substance Use, Gender and Substance Use, Motivational interviewing

8. Pace: Typical intern workday:

- Attend staff meetings (twice daily)
- Attend community meeting (daily)
- Co-lead psycho-educational group (twice weekly)
- Co-lead process group (one time weekly)
- Case manages one or two residents, (one-two hours total per week.)
- Conduct an admission interview (weekly)
- Write electronic notes (admission, progress, integrated clinical summary)

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most Foundation of Recovery (FOR) residents use multiple substances, with alcohol, nicotine, cannabis, cocaine, amphetamine, and heroin being the most common.

Addiction Treatment Services (ATS) include a Screening Team, an Outpatient Clinic, a 30-day Residential Rehabilitation program (Foundation of Recovery), and a 90-day Residential Rehabilitation program (First Step, which is shared with the Domiciliary Service below). The Foundations of Recovery program provides ongoing assessment, recovery planning, psycho-education, and support within a social setting that values personal responsibility, problem-solving, coping skills development and practice, personal relationships, and leisure to veterans new to recovery. An ongoing weekly aftercare group is also offered.

For orientation, FOR trainees may observe experienced staff in various programs (e.g., outpatient clinic, 90-day inpatient, 6- month residential therapeutic community, and day treatment for patients with co-occurring disorders

By the end of the rotation an intern can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for veterans with SUDs of varying severities and co-morbidities. Interns will become skilled in assessment, short term psychotherapy, and facilitating large and small groups (both process and psycho-educational) Interns will also gain the invaluable experience of working in a residential treatment setting, develop an understanding of the design and operation of a milieu, and learn how to work effectively as a member of a multidisciplinary treatment team. Lastly, they

will gain insight into how to manage transference and countertransference often experienced when working with challenging patients such as those who carry a diagnosis of a personality disorder, impulse control disorder, or have had multiple relapses due to the chronicity of their SUD and co-occurring mental health condition.

Reviewed by: Jennifer Banta, Ph.D.

Date: 7/18/14

Domiciliary Service (Building 347, Menlo Park Division)

A. First Step Program – A 90-day residential substance abuse treatment program

B. Homeless Veterans Rehabilitation Program - 180 day residential National Program of Clinical Excellence

First Step Residential Rehabilitation Program, Domiciliary Service (347-A, MPD)

Supervisors: Tim Ramsey, Ph.D.

Madhur Kulkarni, Ph.D.

1. **Residents:** The population includes men and women with substance use disorders (SUDs) ranging from veterans in their mid-twenties to late 60's. Most of the residents are middle-aged men, usually with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.
2. **Services:** Milieu treatment including community meetings, small groups, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, communication), recreational and leisure activities, and a weekly aftercare outpatient group. There is opportunity to provide individual psychotherapy with a small number of veterans.
3. **Staff and trainees:** Two Psychologists, four addiction therapists, four health technicians, nurse, nurse practitioner, an LVN, a social worker, and two half-time psychiatrists. Trainees have included psychology and social work interns, psychology practicum students, chaplain and nursing students.
4. **Psychology's role:** Psychologists manage the program, and, along with the other staff, design the community (based on empirically supported methods), assess and counsel patients, participate in individualized treatment planning, co-lead interactional and psychoeducational groups, and consult with staff.
5. **Intern's role:** The intern functions as a regular clinical staff member:
 - Interns serve as mental health consultants to the para-professional substance abuse treatment staff. Interns meet with the veterans on their case load and triage veterans for individual therapy, specialty groups, and/or specific assignments to be completed as part of their treatment plans. Interns assist with the implementation of therapeutic community principles.
 - Provide individual psychotherapy to some of the veterans on your caseload (5-6).
 - Co-lead community meetings, interactional support groups, and psychoeducational groups (e.g., relapse prevention, communication, cognitive coping, 12-Step facilitation).
 - Document clinical activities including treatment plans, progress notes, integrated clinical summaries, and discharge summaries.
 - Additional optional activities depend on interests of the intern (e.g., completing assessments, designing psychoeducational interventions, conducting clinical research, providing brief treatment on an individual basis, facilitating or co-facilitating specialty groups to address specific

clinical issues often associated with substance dependence -such as PTSD symptoms, emotion regulation problems, nightmares, etc.)

6. **Supervision:** One hour of weekly individual supervision and one hour of group supervision; daily staff meetings, co-leading groups, reviewing notes, and frequent informal contacts.
7. **Didactics:** Principles of therapeutic community and groups (interactional and psycho educational), and, in January, a 16-hour class on SUD.
8. **Pace:** Typical intern workday:
 - Attend staff meetings (twice daily)
 - Co-lead community meeting (daily)
 - Co-lead psychoeducational group (once or twice weekly)
 - Co-lead interactional group (twice weekly)
 - Provide individual psychotherapy to small caseload (5 hours per week).
 - Write electronic notes (treatment plans, progress, integrated clinical summary, and discharge)

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most First Step residents use multiple substances, with alcohol, nicotine, cannabis, amphetamine, cocaine, and heroin being the most common. Although alcohol is the most frequently abused substance, only a minority of First Step residents use alcohol exclusively.

Addiction Treatment Services (ATS) include a Screening Team, an Outpatient Clinic, a 30-day Residential Rehabilitation program (Foundation of Recovery), and a 90-day Residential Rehabilitation program (First Step). First Step is a therapeutic community that provides ongoing assessment, recovery planning, psychoeducation, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships, and play. An ongoing weekly aftercare group is also offered.

For orientation, First Step trainees observe experienced staff in various programs (e.g., outpatient clinic, 30-day inpatient, 6- month residential therapeutic community, day treatment for dual-disordered patients) and a visit to a peer-help group.

By the end of the rotation an intern can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for patients with SUDs of varying severities and co-morbidities, become skilled in assessments, counseling, and facilitating large and small groups (both interactional and psycho educational), design and operation of a milieu, and develop an effective personal method of handling the problematic feelings that can be generated when interacting extensively with SUD patients, especially personality-disordered patients.

Reviewed by: Tim Ramsey, Ph.D.
Date: 9/9/14

Homeless Veterans Rehabilitation Program, Domiciliary Service (347-B, MPD)

Supervisory/Psychology Staff:

Susan Anderson, Ph.D.

Rachael Guerra, Ph.D., Assistant Chief

Larry Malcus, Ph.D., ABPP-Group Psychology

Sarah Metz, Psy.D.

1. Patient population:

Male and female veterans who have been homeless for periods ranging from less than one month to over 10 years.

Nearly 100% have a history of substance use disorder, and 50% carry at least one other psychiatric diagnosis (e.g., 30% mood disorder, 15% PTSD or anxiety disorder, 3% psychotic or psychotic spectrum disorder).

2. Psychology's role:

Direct clinical service: Participation in all milieu activities, including facilitation of community meetings, group therapy, psychoeducational classes; 1:1 assessment and therapeutic support; treatment planning and consultation with residents

Administration: Psychologists fill the positions of Assistant Chief of Domiciliary Service and Coordinator of Clinical Services.

Research: A psychologist has been the principal investigator on every study conducted at HVRP. Psychologists are also involved in Program Evaluation.

3. Other professionals and trainees:

5 Social Workers (Domiciliary Chief, Program Manager, and 3 staff Social Workers)

2 Registered Nurses, 4 LVNs

2 Addiction Specialists, Recreation Therapist, Consulting Psychiatrist

13 Paraprofessional Health or Rehabilitation Technicians (functioning as peers with the professional staff)

Pre- and post- doctoral psychology, social work, and chaplain interns, nursing students

4. Clinical services delivered:

Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach

Services delivered in various settings, including milieu meetings, group therapy, skills training classes (e.g., relapse prevention, cognitive restructuring, communication, STAIR), and individual assessments and interventions

5. Intern's role:

Individualized training programs negotiated with supervisors

Programs may be designed to include observation of and participation in many program components:

Residential treatment: Facilitating groups and skills training classes, participating in milieu meetings, conducting motivational interviews, individual assessments and interventions

Clinical research/program evaluation: Participating in ongoing research projects and/or new studies concerning the treatment of homelessness, personality disorders, and substance abuse, with attention to the integration of research and outcome data in the clinical treatment of the homeless

Outreach and screening: Informing homeless veterans and service professionals about available services; assessing applicants using a biopsychosocial model

Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling

6. Amount/type of supervision:

Weekly supervision provided by primary supervisor, with additional group supervision with other trainees and staff as part of daily staff meetings.

Orientations include cognitive-behavioral and interpersonal, with consultation available from any of the psychologists on staff

7. Didactics:

Participation in Domiciliary Service monthly Brown Bag education and training presentations.

Participation in journal club

Past presentations include Unique Needs of Newly Returning Homeless Veterans, Utilization of Cognitive Behavioral Techniques, Motivational Interviewing, and Group Psychotherapy.

8. Pace:

Timely documentation is expected following significant clinical contact with residents in the program.

Interns expected to complete clinical assessments at the time of admission, treatment plans, group and individual progress notes, and discharge plans..

The treatment program is characterized by the concept of “personal responsibility” (i.e., “I create what happens to me”) and attention to individual autonomy and strengths, as well as faith in the individual’s capacity for learning new behavior. The program ethic is expressed as “The Five P’s”: Personal Responsibility, Problem Solving, Practice, People (Affiliation), and Play. A unique aspect of the treatment program is its emphasis on play, which is viewed as a competing reinforcer to drugs and alcohol and as a means to lifestyle change. Residents participate in activities such as rock climbing, rowing, sailing, fishing, sports teams (e.g., city-league softball and basketball); holiday, birthday, and graduation parties; and program dances. Within the treatment program, individual interventions reinforce and supplement group work. Residents move through three phases of treatment during the typical 6-month inpatient stay. To advance from phase to phase, residents must demonstrate increased proficiency in skills and ongoing practice of those skills in an expanding range of settings. In addition, residents are expected to demonstrate leadership, a willingness to consider feedback from staff and peers, and the application of the personal responsibility concept to their lives. Graduation from the program occurs with an additional 13 weeks of aftercare treatment and allows the veteran to become a part of the active Alumni Association.

The overall goal of the internship rotation at HVRP is to provide trainees with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Trainees are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation on sports teams or in other program activities). In addition to acquiring and refining clinical skills, objectives for interns include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one’s experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional development beyond the internship year (e.g., ability to assess one’s own strengths and limitations, and seek supervision/consultation as needed).

Reviewed by: Susan Anderson, PhD

Date: 07/18/2014

Men's Trauma Recovery Program (Buildings 351 and 352, MPD)

Supervisors: Robert Jenkins, Ph.D.
Jaclyn Kraemer, Ph.D.
Dorene Loew, Ph.D.
Andrea Perry, Ph.D.

- 1. Patient population:** Our program treats men with PTSD who have experienced a wide range of military-related traumatic experiences, including but not limited to war zone and combat-related trauma and military sexual trauma (MST). In addition to Vietnam-era veterans, we see veterans and active-duty military personnel from other conflicts, predominantly those who served in Iraq and/or Afghanistan.
- 2. Psychology's role in the setting:** Member of interdisciplinary treatment team, providing a wide range of clinical services including Cognitive Processing Therapy and other evidence-based treatments.
- 3. Other professionals and trainees in the setting:** Psychiatrists, Nurses, Social Workers, Readjustment Counselor, Recreational Therapists, Chaplain, and military liaisons.
- 4. Nature of clinical services delivered:** This rotation emphasizes evidence-based treatments such as Cognitive Processing Therapy, Acceptance and Commitment Therapy, Motivation Enhancement/Problem Area Review Group, and components of Dialectical Behavior Therapy. Residential treatment occurs within a therapeutic community model via cognitive-behavioral group therapies, psychoeducational classes, treatment coordination, and medical/medication management.
- 5. Distinctions between Men's and Women's Trauma Recovery Programs:** Conceptually, the Men's and Women's programs are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral and process-oriented groups in the context of a residential milieu. However, the Women's Trauma Recovery Program currently treats a greater proportion of patients with Military Sexual Trauma and, conversely, the Men's Program treats a greater number of patients with combat-related trauma. Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery.
- 6. Intern's role in the setting:** Each intern will function as an important member of the interdisciplinary team and will assist with case conceptualization, treatment planning, treatment coordination, and the provision of clinical services. It is expected that interns will co-facilitate at least one Cognitive Processing Therapy Group and facilitate or co-facilitate one or more additional group(s) of their choice. The intern's role in group therapy will be commensurate with his/her comfort level and experience.
- 7. Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community. Interns often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interdisciplinary team conducting a variety of interventions.
- 8. Didactics in the setting:** Regular in-service trainings on related topics by clinical staff and invited experts.
- 9. Pace:** Interns/post docs will be expected to write brief group and treatment coordination process notes within 24 hours of providing these services. Interns/post docs will assist with the completion of admissions, psychosocial assessments, integrated summaries, master treatment plans, and discharge summaries.

This rotation is an ideal training site for trainees interested in developing and expanding their general clinical skills as well as developing/refining their expertise in PTSD and other stress-related disorders. The Men's Trauma Recovery Program (MTRP) is affiliated with the National Center for Post Traumatic Stress Disorder and is the first and longest-standing residential treatment program for men with PTSD. Many of our patients have experienced multiple traumatic events and have comorbid psychiatric diagnoses. The clinical complexity of our population and the program intensity ensure that trainees

acquire solid skills in working with PTSD, in particular group therapy skills, as well as the ability to function effectively on an interdisciplinary treatment team.

The program is structured as a therapeutic community where patients are taught basic coping, interpersonal, problem solving, and affect management skills in group settings. They are provided psychoeducation regarding the various effects of PTSD and have the option to participate in Cognitive Processing Therapy where they learn to challenge beliefs associated with traumatic memories while managing the thoughts, feelings, and physiological symptoms this evokes. The program has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed. Trainees at the MTRP have the opportunity to:

- Learn to function as part of an experienced, interdisciplinary team in the treatment of complex PTSD.
- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral and systemic approaches.
- Become adept at working with men who present with characteristics of personality disorders.
- Become familiar with leading therapeutic technologies in the treatment of trauma, including Acceptance and Commitment Therapy (ACT) and Cognitive Processing Therapy (CPT).
- Become familiar with military culture and its impact on the process of clinical service provision.
- Develop group therapy skills, as well as milieu interventions.
- Develop PTSD assessment and report writing skills.
- Develop a greater understanding of treatment of comorbid diagnoses (e.g., substance use disorders, depression, other anxiety disorders, medical conditions)

Reviewed by: Jaclyn Kraemer, Ph.D.
Date: 9/10/14

Women's Trauma Recovery Program (Building 350, MPD)

Supervisors: Jennifer Alvarez, Ph.D.

Jean Cooney, Ph.D.

- 1. Patient population:** Our program primarily treats women with PTSD who have experienced military sexual trauma (MST). Increasingly, we are seeing women who served in Iraq and/or Afghanistan and experienced combat-related trauma or both combat trauma and MST.
- 2. Psychology's role in the setting:** Program attending, member of interdisciplinary treatment team, providing a wide range of clinical services including Cognitive Processing Therapy and other evidence-based treatments.
- 3. Other professionals and trainees in the setting:** Psychiatrists, Nurses, Social Workers, Readjustment Counselor, Recreational Therapists, Chaplain, and military liaisons.
- 4. Nature of clinical services delivered:** This rotation emphasizes evidence-based treatments such as Cognitive Processing Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, STAIR, and Seeking Safety. Residential treatment occurs within a therapeutic community model via group therapies, psychoeducational classes, treatment coordination and medical/medication management..
- 5. Intern's role in the setting:** Each intern will function as an important member of the interdisciplinary team and will assist with case conceptualization, treatment planning, treatment coordination, and the provision of clinical services. It is expected that interns will co-facilitate at least one Cognitive Processing Therapy Group and facilitate or co-facilitate one or more additional group(s) of their choice. The intern's role in group therapy will be commensurate with his/her comfort level and experience.
- 6. Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community. Interns often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interdisciplinary team conducting a variety of interventions.
- 7. Didactics in the setting:** Regular in-service trainings on related topics by clinical staff and invited experts.
- 8. Pace:** Interns/post docs will be expected to write brief group and treatment coordination process notes within 24 hours of providing these services. Interns/post docs will assist with the completion of psychosocial assessments, integrated summaries, master treatment plans, and discharge summaries.

This rotation is an ideal training site for trainees interested in developing and expanding their general clinical skills as well as developing/refining their expertise in PTSD and other anxiety disorders. As part of the VA Palo Alto Health Care System [Women's Mental Health Center](#), the Women's Trauma Recovery Program (WTRP) is the first and longest-standing residential treatment program for women with PTSD. Many of our patients have experienced multiple traumatic events, including both military and childhood sexual trauma. The clinical complexity of our population and the program intensity ensures that trainees acquire solid skills in working with PTSD, in particular group therapy skills, as well as their ability to function effectively on an interdisciplinary treatment team.

The program is structured as a therapeutic community where patients are taught basic coping, interpersonal, problem solving, and emotion regulation skills in group settings. They are provided psychoeducation regarding the various effects of PTSD and have the option to participate in Cognitive Processing Therapy where they learn to challenge beliefs associated with traumatic memories while managing the thoughts, feelings, and physiological symptoms this evokes. The program has established a reputation for innovation, a program in which cutting edge therapies are thoughtfully applied and assessed. Trainees at the WTRP have the opportunity to:

- Learn to function as part of an experienced, interdisciplinary team in the treatment of complex PTSD.

- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral, dialectical behavioral and systemic approaches.
- Become adept at working with women who present with Personality Disorders or traits.
- Become familiar with leading therapeutic technologies in the treatment of trauma, including Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT) and Cognitive Processing Therapy (CPT).
- Become familiar with military culture and its impact on the process of clinical service provision.
- Develop knowledge of Military Sexual Trauma, its sequelae and treatment
- Develop group therapy skills, as well as milieu interventions.
- Develop PTSD assessment and report writing skills.
- Develop a greater understanding of treatment of dual diagnoses (e.g., substance use disorders, depression, other anxiety disorders, medical conditions)

Reviewed by: Jennifer Alvarez, PhD
Date: 8/5/14

Outpatient Mental Health Treatment and Clinical Research Programs

Primary Clinical Rotations:

Addiction Consultation & Treatment (ACT), Addiction Treatment Services (520, PAD)

Supervisors: Sean Boileau, Ph.D.
Cindy Levin Eaton, Ph.D.
Michael Potoczniak, Ph.D.

1. Patient population:

- Male and female veterans seeking assessment and treatment for substance use disorders
- Over 50% have other co-morbid Axis I diagnosis, about 25% have Axis II diagnosis or traits; over 50% are homeless

2. Psychology's role:

- Direct clinical service: Involved in assessment of patient and treatment planning, provide group and individual therapy, case manage patients waiting for residential treatment
- Administration: Psychologists fill the positions of Director of Addiction Treatment Services (ATS) and Clinical Coordinator of Addiction Consultation and Treatment (ACT). They provide supervision for 2-3 psychology practicum students. They provide speciality training in substance use disorder treatment. They engage in program development and evaluation. They lead team and case review meetings. They also monitor hospitals' progress on VA Mental Health Performance Measures.
- Research: Researchers from the Center for Innovation to Implementation (Ci2i) recruit from ACT's patient population for their studies.

3. Other professionals and trainees:

3 Social Workers (1 Senior Social Worker and Admission coordinator), 2 Registered Nurses, 2 paraprofessional Addiction Therapists, 1 Psychiatrist (ACT & ATS Medical Director), 1 Recreation Therapist, 1 Health Science Specialist, 1 administrative program specialist, 1 medical clerk, social work interns, psychology practicum students, and nursing students

4. Clinical services delivered:

- Group and individual outpatient treatment for veterans who have substance use disorders (including treatment for dual diagnosis and chronic pain)
- Offering process oriented group therapy and evidence-based interventions including Relapse Prevention, 12-step Facilitation, Motivational Interviewing, Mindfulness-Based Relapse Prevention, and Seeking Safety
- Consultation and referral to ATS residential treatment programs including crisis management, referral to community resources, and assessment of acute intoxication and/or withdrawal potential, readiness to change, and relapse/continued use or continued problem potential
- Case management for veterans preparing for residential treatment
- Aftercare for veterans who have completed a residential or outpatient addiction treatment program

5. Intern's role:

Programs may be designed to include participation in many program components including both clinical and research/administrative activities:

- Clinical Activities
 - Outpatient treatment: Facilitating groups, conducting individual screening/assessments, interventions and case management, consultation to other services in the hospital (inpatient psychiatry, medical units, OIF/OEF Programs, etc.)
 - Aftercare: Facilitating support/process groups

- Research/ Program Evaluation Activities
 - Participate in tracking patient demographics, characteristics and outcomes
 - Tracking process variables such as admission wait time, possible barriers to accessing treatment, aftercare follow-up, etc.
- Administrative Activities
 - Completing administrative/leadership tasks as assigned by Postdoctoral Supervisor and program leadership (including but not limited to staff training, leading team meetings, monitoring Performance Measures, liaison with other hospital programs, program development)

6. Amount/type of supervision:

- Weekly supervision provided by primary supervisor, weekly supervision with other ATS psychologists and psychology trainees, with additional group supervision as part of staff/case review meetings
- Orientations include cognitive-behavioral and interpersonal with special emphasis on multicultural issues. Consultation available from any of the psychologists within ATS as well as psychologists in Mental Health Clinic.

7. Didactics:

- Participation in ACT education and training presentations.
 - Past presentations include: Utilization of Cognitive Behavioral Techniques, Psychosocial Rehabilitation, Motivational Interviewing, patient risk assessment, Substance Use Disorders among the Elderly, dual diagnosis, and evolution of mental health and addiction treatment within the VA.

8. Pace:

Timely documentation is expected following significant clinical contact with patients. Assessments must be completed in a timely manner so that case can be presented to the ACT team and referral sources can quickly respond to ACT recommendations. Patients that are waiting for admission to a residential treatment programs have once a week case management contacts.

ACT's mission is the following:

"Empowering and instilling hope for veterans with substance use disorders by providing client-focused, comprehensive assessment and a range of treatment modalities in collaboration with an interdisciplinary team and the community at large."

ACT strives to help veterans with substance use disorders, as well as other mental health diagnoses, to access treatment that is appropriate for the severity of their problems and their readiness for change. We respect the multiple identities and varying circumstances of our patients. ACT providers try to gain an understanding how the many factors at play in the patient's life effect and are affected by their substance use and work collaboratively with the patient on their identified problems and goals. We also respect that people recover from addiction in many ways, and offer many different types of treatment including outpatient group and individual therapy, referral to residential treatment, medication management, self-help, bibliotherapy and web-based guided self-assessment.

The goal of psychology training at ACT is to gain an awareness of the many ways substance use effects the lives of our veterans (psychologically, physically, medically and spiritually), and to gain an understanding the process that veterans go through to change their substance use and other maladaptive behaviors. Using the scientist-practitioner framework, interns will develop their own "working model" about the etiology and treatment of substance use disorders, and become familiar with the many and varied methods that are used to help individuals recovery from addiction. Interns become an important part of the interdisciplinary team, and through their clinical and/or administrative duties learn what it means to be a psychologist within a VA Healthcare System. Psychology training in ACT focuses on

acquiring knowledge across the many different aspects of the disease of addiction and being able to apply that knowledge to recommend and apply appropriate treatments. Supervision also focuses on patient diversity, professional ethics, career development and awareness of trainees' worldview and interpersonal style and their influence on one's clinical work and professional development.

Reviewed by: Michael Potoczniak, Ph.D.

Date: 10/1/13

Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321, MPD)

Supervisors: Daniel Gutkind, Ph.D.

Kristen McDonald, Ph.D.

1. **Patient Population:** Male and female (predominantly male) veterans of all ages with a variety of Axis I and Axis II diagnoses. Vets tend to be older Vietnam-era, with increasing numbers of recently returned veterans. Interns will have the opportunity to treat veterans with diagnoses ranging from brief adjustment disorder to chronic psychotic disorders.
2. **Psychology's Role:** Psychologists are integral members of the treatment staff and work actively with Nursing, Psychiatry, and Social Work to inform treatment decisions and share responsibility for leading treatment groups and coordinating care. Psychologists provide evidence-based individual and group therapy.
3. **Other Professionals and Trainees:** Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry, Psychiatry Residents, Social Work, Nursing Staff, and Peer Support.
4. **Nature of Clinical Services Delivered:**
 - Individual and group psychotherapy.
 - Medication evaluation and follow-up.
 - Liaison/consultation with other programs and staff.
 - "On Duty" ("OD") teams provide triage, evaluation, and admission services for clients in acute distress.
5. **Intern's Role:** Lead or co-lead psychotherapy groups; provide individual psychotherapy; conduct initial assessments; create outpatient treatment plans; liaise with other services, including inpatient, Dom Services, Compensated Work Therapy program, and addiction treatment services;
6. **Amount/Type of Supervision:** Interns receive one hour of individual and one hour of group case consultation/supervision each week. Interns might co-lead a therapy group with the supervisor, or video/audiotape their sessions for later review in supervision.
7. **Pace:** The workload at the MHC is steady; the intern must be able to juggle time required for individual and group therapy sessions, and time for collaboration and contact with other health care providers.

The MPD Mental Health Clinic (MHC) is a full-service outpatient clinic at the Menlo Park campus serves individuals with a wide range of emotional, social, and psychiatric problems. Multiple and co-occurring diagnoses, medical and substance use issues, and psychosocial stressors are the norm, not the exception, and trainees will most certainly develop skill in implementing evidence-based treatment in messy real-world situations.

Patient population tends to cluster around Vietnam-era and OIF/OEF/OND eras. Currently the majority of veterans seen here are Vietnam era, but more and more Iraq/Afghanistan-deployed soldiers are seeking treatment and so your services will be the first foray into mental health treatment for a sizable number of patients. Trainees will have opportunities to hone skills in a variety of therapeutic modalities—CBT is the most prevalent here, but former trainees have used pure behavioral, interpersonal,

humanistic, and existential models. Trainees have paired this rotation with mini-rotations or other partnership with Family Therapy, Acceptance and Commitment Therapy, Outpatient Addiction Services, outpatient PTSD specialty treatment, and our Veterans Recovery Center day treatment program for those with serious mental illness.

The bulk of the rotation includes individual and group therapy; initial assessments, and treatment planning and coordination. Historically, more detailed assessment work is not accentuated in this rotation, but there are opportunities to incorporate that type of assessment if the trainee desires that.

Weekly individual supervision is devoted to the intern's clinical caseload of individual and group therapy clients, focusing primarily on case conceptualization and the therapeutic process. Supervision can also cover professional development issues, treatment team functioning, and program development issues. Trainees are invited to a weekly hour-long group supervision meeting, where a diverse mix of practicum students, interns, postdoctoral fellows, and licensed psychologists meet to discuss cases, review literature, debate theory, and share book and movie recommendations.

Reviewed by: Kristen McDonald, Ph.D.
Date: 7/18/14

Posttraumatic Stress Disorder Clinical Team (Building 321, MPD)

Supervisors: Emily Hugo, Psy.D.
Karen Kasch, Ph.D.

1. **Patient population:** Men and women struggling with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.
1. **Psychology's role in the setting:** To provide individual and group psychotherapy, using evidence-based treatments for PTSD.
2. **Other professionals and trainees in the setting:** Psychology postdoctoral fellows, psychology practicum students, psychiatry residents, social workers, art therapists, nurses, and psychiatrists. The PCT team consists of psychologists, a psychiatrist, social worker, and an Art therapist/recreation therapist. Trainees include medical residents and social work interns. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.
3. **Nature of clinical services delivered:** The PCT places an emphasis on empirically-supported treatments for PTSD, but integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Skill-Building/CBT, Acceptance and Commitment Therapy) and group psychotherapy (e.g., PTSD Education, Seeking Safety, Anger Management). Interns will work in coordination with MHC and Substance Abuse Program staff.
4. **Intern's role in the setting:** Interns will have the opportunity to provide both individual and group psychotherapies. Depending on level of interest and skill, as well as clinic schedule, interns can choose to co-lead a PTSD-relevant group of interest to them. Interns are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings and didactic trainings is also part of this rotation.
5. **Amount/type of supervision:** At least one hour of individual supervision will be provided and interns will participate in one hour of group supervision with other psychology trainees. Interns will also attend PCT team meetings. Supervision will include tape review, role play, and presentation of case conceptualization.

- 6. Pace:** The PCT clinic has a steady workload with a significant amount of direct clinical care. Because of the nature trauma-focused therapy, the work can be emotionally intense. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. Interns will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided (e.g., prolonged exposure) there is also a strong emphasis on self-care.

This rotation is a great fit for anyone who is interested in gaining initial or additional expertise in the outpatient treatment of PTSD and its associated features. The PTSD Clinical Team (PCT) rotation aims to build foundational knowledge of PTSD, as well as an understanding of the triaging, assessment, case conceptualization, and multidisciplinary treatment of veterans with PTSD. Skills are fostered through opportunities to conduct thorough PTSD assessments; to conduct individual psychotherapy; to co-lead psychotherapy groups/classes; to participate in team meetings and didactic presentations; to take part in individual and group supervision; and to function as an integral part of a multidisciplinary team. Additionally, you will be exposed to numerous evidence-based treatments, including Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety, CBT for PTSD, Motivational Interviewing, and Acceptance and Commitment Therapy. There are also opportunities for program development, as the PCT is continuing to assess and adjust our approach to treating veterans with PTSD, based on new research findings, feedback from veterans, and increasing experience with OIF/OEF veterans.

Reviewed by: Karen Kasch, Ph.D.
Date: July 24, 2014

Veterans Recovery Center (Building 321, MPD) **Supervisor: Bruce Linenberg, Ph.D.**

- 1. Patient Population:** Male and female veterans of all ages challenged with serious mental illness and significant functional impairment (DSM IV - GAF of 50 or below). Co-occurring disorders such as substance abuse may be present but should not be primary.
- 2. Psychology's Role in the setting:** The psychologist's role includes: Screenings and assessments; Being "Recovery Advisor" to a number of veterans and creating individualized recovery plans; Providing individual therapy; Teaching psycho-educational classes; Supervising Interns and other trainees; Contributing to program development, program evaluation, and quality improvement; Participating in the Mental Health Clinic's multidisciplinary treatment team for Veterans with serious mental illness..
- 3. Other professionals and trainees in the setting:** The psychologist is part of an interdisciplinary team which includes nursing, social work, recreation therapy, peer support, and chaplaincy. The team connects with the larger system of Mental Health Clinic, VA and community providers and services, including psychiatry, vocational rehabilitation, MHICM, etc. The VRC has been at the forefront of the effort to hire veterans as Peer Support staff. Other trainees may include postdoctoral fellows, social work interns, and Psychology practicum students.
- 4. Nature of clinical services delivered:** The VRC is an outpatient transitional clinical and learning center designed to help Veterans living with serious mental illness become meaningfully integrated in their community of choice. It includes: Integrated evaluation, assessment, and recovery planning; Teaching therapeutically oriented as well as psychoeducational classes; Individualized therapy or help with skills development; Inclusion of family services when possible. Staff can be out in the community with veterans, as well as teaching skills in the VA setting.
- 5. Intern's role in setting:** The intern is an integral part of the team, may participate in a variety of treatment modalities and play multiple roles. Intern potentially participates and contributes as the

psychologist does above, simply under supervision, with variations depending upon experience and learning needs. Intern may also choose to learn more about and assist in administrative duties.

6. **Amount/type of supervision:** At least one hour of individual supervision and one hour of group supervision, with other supervision opportunities in between or after classes. The psychologist's theoretical orientations include psychodynamic, interpersonal, cognitive behavioral, experiential, systems and recovery orientations.
7. **Didactics in the setting:** The weekly group supervision which includes other MHC trainees includes didactics on a variety of topics and issues, and psychologist is always willing to share material, including on the Recovery and Rehabilitation model, Relational and Interpersonal Dynamic models, Case Formulation, Brief Therapy models, and Psychotherapy Integration.
8. **Pace:** Moderate. As the VRC is not time limited, there tends to be more time to work with veterans on their recovery plans. The pace and timing of intake evaluations or individual meetings differs according to how many referrals occur, and how many veterans the intern follows. Class notes within 24 hours. Individual and Group notes as necessary. Case formulations over course of rotation.

The VRC is a Psychosocial Rehabilitation and Recovery Center (PRRC). A PRRC is a transitional educational center accessible to veterans with serious mental illness (SMI). SMI tends to be defined as a diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depression, Bipolar disorder, or severe PTSD, and per DSM-IV a GAF score of 50 or below. The vision and mission of the VRC coheres to the core principles and values of the US Psychiatric Rehabilitation Association (USPRA), which focus on helping individuals develop skills and access community based resources and supports. The goal is for veterans to engage more fully and meaningfully in the living, working, learning, and social environments of their choice. The primary focus, through assisting veterans to define their strengths, values, barriers, goals and desired roles, is to foster fuller community integration, with the same opportunities and responsibilities any citizen. The minimum array of clinical or educational services includes: Individualized assessment and curriculum planning linked to the Recovery Plan, Social Skills Training, Cognitive Behavioral or other individual therapy, Illness Management and Recovery, Peer Support Services, and classes that teach principles of ACT, DBT, Stress Management, etc. . There are ongoing attempts to provide linkage to other VA services, including psychiatry, addiction treatment, primary medical care, case management, Compensated Work Therapy or Supported Employment, and community services such as Community Colleges, NAMI, Vet Centers, and other peer support.

The intern is an integral part of the PRRC setting, participating in a variety of treatment modalities (community activities, classes, individual meetings, etc.) and playing a multifaceted role (e.g., recovery advisor, screener, teacher, therapist, etc.). The intern will prepare Individual Recovery Plans for veterans, teach psychoeducational classes, and coordinate treatment and follow-up with other systems within and outside the VA as appropriate. There is also the opportunity to see other Veterans through the Mental Health Clinic, and to do psychological assessments.

Supervision consists weekly of at least 1 hr. individual meetings, with other supervision opportunities in between and after classes, and 1 hour Group supervision and didactics with other MHC trainees. Dr. Linenberg's orientation is integrative – Interpersonal, psychodynamic, existential, experiential, systems and recovery perspectives. Site specific goals are consistent with the general training objectives of the internship. Dr. Linenberg hopes to assist intern with honing conceptualization and formulation skills, and integrating formulations with recovery/rehabilitation perspective.

Pace is moderate. As the PRRC is not time limited, there tends to be more time to work with veterans on their recovery plans. The timing of assessments or individual meetings differs according to how many referrals occur, and how many veterans the intern follows. Documentation requirements include: Class notes within 24 hours of class; Individual notes as relevant after meeting with patient; Quarterly Recovery

Plan updates, and Discharge/Transition notes for veterans followed; and case formulations over course of rotation.

Reviewed by: Bruce Linenberg

Date: 7/27/14

Women's Outpatient Mental Health (Building 350, MPD)

Women's Counseling Center

Supervisors: Natara Garovoy, Ph.D., M.P.H

Trisha Vinatieri, Psy.D.

- 1. Patient population:** The Women's Counseling Center (WCC) is an outpatient mental health program for women veterans at the Menlo Park Division of VAPAHCS. Women veterans are the fastest growing patient population within the VA. They have unique mental health needs, but have traditionally been underserved. This multidisciplinary program provides a range of services with the goal of increasing access to care and enhancing the mental health services provided to women veterans at this facility. Women veterans seen at WCC present with a diverse range of both Axis I and II disorders. Many are likely to have significant trauma histories that have not been adequately addressed, or that may have been exacerbated as a result of their minority status in the military. As a result, the treatment of PTSD is a major focus (see below).
- 2. Psychology's role in the setting:** Psychologists function as part of an interdisciplinary team (BHIP team) to provide treatment planning, intake evaluations and psychometric assessments, individual and group psychotherapy and active consultation in women's mental health to providers within the VA system. Students will work as part of a team whose goal is provide gender-sensitive care, including coordinated care with other health care programs to enable every woman to best address her specific needs.
- 3. Other professionals and trainees in the setting:** This is an interdisciplinary setting with professionals from medicine, psychiatry, nursing, social work, recreational therapy and chaplaincy. This setting also includes psychiatry residents, psychology fellows, psychology practicum students and social work interns.
- 4. Nature of clinical services delivered:** Services include mental health promotion (e.g., transition assistance from military to civilian life, stress management, violence prevention), and evidenced-based treatment for conditions unique or prevalent among women veterans including depression, anxiety, and PTSD in a building dedicated to women's mental health care. Treatments offered consist of Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, and Dialectical Behavior Therapy as well as specialized treatment for PTSD and related issues (e.g., Cognitive Processing Therapy, Prolonged Exposure Therapy, Anger Management, and Seeking Safety). Psychometric assessment, which can include structured clinical interviews for PTSD (i.e., CAPS) are routinely administered to patients new to treatment. Treatment modalities include individual and group therapy, as well as telemental health services for women who have difficulty accessing care (e.g., rural populations, mothers of young children).
- 5. Intern's role in the setting:** Interns function as part of an interdisciplinary team to provide clinical services. Interns will be responsible for managing their own client schedule, determining appropriate treatment strategies (with the assistance of the supervisor), and actively consulting with other providers within the VA system. Clinical research opportunities are also available in the areas of stress and trauma. These opportunities are ideal for interns interested in formulating research questions based on their clinical experiences in this rotation (i.e., application of the scientist-practitioner model), or mapping onto an existing project as part of their training. This rotation is also available as a mini-rotation as agreed upon by the intern and supervisor.

6. **Amount/type of supervision:** Supervision includes individual, face-to-face supervision on a weekly basis, live observation and group supervision. Additional meetings with the supervisor are scheduled as-needed.
7. **Didactics:** Participation in the Clinical Training Program developed by the NCPTSD Dissemination and Training Division, participation in periodic NCPTSD trainings group supervision trainings, as well as the national Women's Mental Health Webinar offered monthly.
8. **Pace:** This is a busy outpatient mental health clinic with opportunity to participate in a wide range of clinical services. Interns will work with the supervisor on an individualized training plan at the start of their rotation that will help guide the pace of their work. In general, interns are expected to conduct one psychodiagnostic interview per week, co-lead one group, and carry a small caseload of individual therapy patients. Therapy notes are expected within 24 hours of providing services.

The Women's Mental Health rotation is an ideal opportunity for trainees interested in the provision of mental health services to the rapidly increasing number of women veterans now being served by the VA. Interns will have the opportunity to:

- Participate in a new and important center for women veterans
- Conduct mental health assessments and interventions sensitive to women's issues
- Learn and implement evidenced-based therapies such as CPT, PE, DBT, IPT, CBT, and ACT
- Participate in evaluation/outcome research

Reviewed by: Trisha Vinatieri, Psy.D.

Date: 07/16/2014

"Training at WCC has been such a positive, and informative, experience. The clinic is a rich training environment for working with women Veterans with complex mental health needs; there is a true sense of community at every level. The psychologists at WCC are collaborative, warm, and approachable with even the smallest question or concern. The clinic operates as well-functioning team that models respect and empathy for clients, trainees, and staff, alike. I learned so much about effectively using trauma-focused therapy, DBT, and other interventions, that I will carry well beyond this year."
~Recent intern

Mini-Rotations:

Acceptance and Commitment Therapy (Mini-Rotation)

Supervisors: Robyn Walser, Ph.D.
Veronica Reis, Ph.D.

Acceptance and Commitment Therapy (ACT) is an empirically supported intervention, and an EBP for depression, chronic pain and other disorders. It is a behaviorally-based intervention designed to address avoidance of internal experiences such as negative thoughts, emotions and sensations while also focusing on making powerful life enhancing choices that are consistent with personal values. ACT demonstrates the role that language plays in human suffering and specifically undermines this role with experiential exercises, mindfulness practice, use of metaphor and focus on defining values. ACT is principle based and focused on process implementation. As well, it has a number of manuals that can be applied with a number of populations. The mini-rotation is typically offered to interns in the Trauma Recovery Programs and available to other interns as supported by individual rotations (e.g., BMed, Inpatient Psychiatry, MHC). The mini-rotation will provide a combination of didactic and supervised clinical experience in the use of ACT with PTSD patients in the Men's and Women's Trauma Recovery Programs, and with patients from the Mental Health Clinic (Menlo Park). Additionally, other target populations can be included depending on interest and availability (e.g. primary care, behavioral medicine, etc.).

1. **Amount/type of supervision:** At least 1.5 hours per week of group supervision with individual supervision as needed. Opportunities to be observed and recorded are available.
2. **Didactics in the setting:** Participation in the ACT mini-rotation includes reading and reviewing articles, chapters and books specific to ACT and the underlying theory.
3. **Small Project:** Each supervisee will be asked to create an educational product related to ACT. This can include client exercises, therapist exercises, review of literature (determined by supervisor and supervisee depending on interests).

Reviewed by: Robyn Walser, Ph.D. and Veronica Reis,
Ph.D.

Date: 7/24/14

Dialectical Behavior Therapy Training (Didactic)

Instructor: Sara J. Landes, Ph.D.

An optional didactic training is available in Dialectical Behavior Therapy (DBT). The training includes a 1-day introductory workshop and a 5-month long weekly seminar. Interested individuals can attend either just the workshop or both the workshop and the seminar (workshop attendance is required for seminar participation). The all-day workshop will be held in early October as part of the required intern seminar series. The optional ongoing DBT seminar will be on Monday evenings from 5-6:30pm from October through March. The seminar will cover the theoretical underpinnings and major strategies of DBT. Topics covered include all DBT skill modules, chain analysis, validation, dialectical strategies, contingency management, case formulation, exposure, cognitive modification, and stylistic strategies. The seminar requires weekly reading, some homework, and final exam. The training will be taught by Sara J. Landes, Ph.D., a research health science specialist at the Dissemination & Training Division of the National Center for PTSD. Dr. Landes has received expert training in DBT, served as a research therapist on a DBT study, conducted research under the sponsorship of Marsha Linehan, and previously was the co-instructor for a similar training program at the University of Washington School of Medicine.

To accommodate different levels of interest, the program is built into two levels of training:

1. An introductory workshop
2. A seminar, which provides the didactic material of the treatment

The **DBT Workshop** will be held in early October. The workshop will focus on the theory and structure of DBT, data supporting DBT, and an overview of treatment strategies. The workshop is not meant to be a sufficient introduction to start clinical use of DBT, but as an overview to introduce one to DBT.

The **DBT Seminar** will be weekly on Monday evenings from 5-6:30pm at the Menlo Park campus from October through March. The first seminar starts the week after the workshop. The seminar will cover all the theoretical underpinning and major strategies of DBT. The seminar requires weekly reading, homework, and a final exam.

This training opportunity is not officially a mini-rotation since, at this time, no clinical training or supervision in DBT is available. If you are doing a rotation at the Women's Counseling Center, you may have an opportunity to co-lead a DBT skills group.

Reviewed by: Sara Landes, Ph.D.
Date: 5/8/14

Family Therapy Program (Mini-Rotation)

Supervisor: Douglas Rait, Ph.D., Director

The Family Therapy Program at the VA Palo Alto Health Care System has an international reputation as a center devoted to the treatment of couples and families, the training of mental health professionals, and the study of family processes. Family-systems theory represents the broad stance from which both clinical data and therapeutic change are considered, and the program's educational curriculum is focused on developing a full range of clinical skills including couples and family assessment, interviewing, intervention, and family-systems consultation.

Our training comfortably represents differing systemic theoretical orientations that include structural, psychoeducational, integrative behavioral, and emotionally focused approaches to couples and family treatment. Training in the Family Therapy Program concentrates first on fundamental systemic assessment and treatment skills that most family therapists draw upon, and exposure to specific evidence-based clinical approaches is provided. Throughout their rotations, psychology interns are asked to continually define their evolving, personal models of psychotherapeutic process and change. In addition to careful case conceptualization, treatment planning and responsible execution, we encourage curiosity, individuality, and inventiveness.

1. **Patient Population:** Couples and families are directly referred to the Family Therapy Program's clinic for consultation and treatment from medical and psychiatric programs within the VA Palo Alto Health Care System and from the community. During his or her rotation, each intern can expect to see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.
2. **Other professionals and trainees:** Program staff include two psychologists and two social workers. In addition to training psychology interns and postdoctoral fellows, the Family Therapy Program also provides family therapy training for residents and medical students through Stanford University's Department of Psychiatry and Behavioral Sciences. Finally, the program provides consultation and teaching to services and interdisciplinary staff throughout the VA Palo Alto Health Care System.

3. **Nature of clinical services delivered:** Consistent with the VA's emerging commitment to treating couples and families, the Family Therapy Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy from a structural, integrative behavioral, and emotionally focused perspective, and family psychoeducation. Interested trainees may also have the opportunity of co-lead couples groups and multiple family therapy.
4. **Intern's role:** Psychology interns are valued typically assigned to the Family Therapy Program for either six months or a full year as a mini-rotation that can be combined with other half-time rotations offered by the psychology internship program. Interns who are assigned during the second rotation (March-August) are expected to continue working through the third week of August. The professional identities of psychologists with a family-systems perspective may combine both clinical and research interests. Dr. Rait's current VA research focuses on the therapeutic alliance in couple therapy and its relationship to treatment process and outcome.
5. **Amount and type of supervision:** The primary format for supervision is group consultation, where interns present couples or families for live and videotaped consultation. In this context, interns have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist's use of self in therapy. In addition, a range of supervision and consultative models are explored. The clinic presently has two studios equipped with one-way mirrors and phone hook-up, and sessions are routinely videotaped. Direct observation of therapy sessions conducted by interns is a part of the clinic's everyday routine.
6. **Didactics:** Didactics are woven into the training during Thursday morning clinic. In addition, the interns are provided with a comprehensive readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy.
7. **Pace:** The usual caseload for psychology interns and postdoctoral fellows is two to three couples or families.

Summary. Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, interns participating in the program need not plan to spend the majority of their professional time specializing in this area. However, at the completion of the rotation, we do expect that trainees will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope to stimulate interns' creativity, intelligence, and resourcefulness in their ongoing development as clinical psychologists.

For additional information about the Family Therapy Program, please contact Douglas Rait, Ph.D. at (650) 493-5000, extension 24697.

Reviewed by: Douglas Rait, Ph.D.
Date: 9/9/14

Clinical Research Rotations:

Health Services Research & Development

Center for Innovation to Implementation (Ci2i, Building 324, MPD)

Supervisor(s): Daniel Blonigen, Ph.D.
Marcel Bonn-Miller, Ph.D.
Ruth Cronkite, Ph.D.
Keith Humphreys, Ph.D.
Rachel Kimerling, Ph.D.
Craig Rosen, Ph.D.
Christine Timko, Ph.D.
Ranak Trivedi, Ph.D.
Jessica Turchik, Ph.D.
Kenneth Weingardt, Ph.D.

1. **Patient population:** Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.
2. **Psychology's role:** Ci2i researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.
3. **Other professionals and trainees:** The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.
4. **Nature of clinical services delivered:** No direct clinical services are provided.
5. **Intern's role:** In consultation with a research mentor, interns develop and implement a research project related to one of the Center's several ongoing studies. Over the course of the rotation, interns are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.
6. **Amount/type of supervision:** One or two research mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.
7. **Didactics:** The Center sponsors a weekly forum on a variety of relevant health services research topics; attendance is required. The research mentor and intern may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.
8. **Pace:** The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan. Interns at Ci2i benefit from a coherent rotation focus with minimal additional requirements.

The HSR&D rotation offers interns ongoing professional development as clinical researchers within the context of a national center of research excellence. The Center for Innovation to Implementation ([Ci2i](#)) is one of the VA Health Services Research and Development Service's (HSR&D) national network of research centers. Ci2i is also affiliated with the Stanford University School of Medicine. Ci2i's mission is to conduct and disseminate health services research that results in more effective and cost-effective care for veterans and for the nation's population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and adapt to changes associated with health care reform. One main focus of the Center is on individuals with psychiatric and substance use disorders. Secondary foci of direct interest to clinical and counseling psychology interns include the organization and delivery of mental health treatment services, the costs of care, and clinical practice guidelines.

Interns at Ci2i become involved in activities designed to improve their ability to conduct and interpret health services research. The organizational philosophy at the Center is strongly emphasized in its internship rotation: We believe that a collaborative, clear, and supportive work environment contributes to professional development and training outcomes. Interns are expected to attend presentations that are relevant to the field, read research articles related to their research topic, and generally participate in the intellectual life of the Center. Interns may receive training in a range of research skills, including quantitative and/or qualitative methods, assessment, statistics, data management, and statistical programs such as SPSS and SAS. Interns may also receive mentoring on professional development issues, e.g., integrating clinical practice experiences and knowledge into conceptualization of health services research questions, clarifying their own research interests and goals, applying for research-related jobs, scientific writing, grant proposal writing, project administration, publishing, presenting at professional meetings. This rotation may be particularly useful for interns who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting health services research (e.g., program evaluation) is a major professional activity. Goals for the HSR&D internship rotation include the following:

Interns will participate in an effective research-oriented work environment. The Center's organizational culture is both interpersonally supportive and intellectually stimulating. In the internship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and interns, encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping interns acquire skills, and supporting the intern in defining and achieving their own training goals.

Interns will be able to ask effective health services research questions by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.

Interns will develop as professional health science researchers by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Interns should be able to attend to issues of race and culture in research conceptualization and implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.

Interns will acquire relevant research competencies, including selecting and employing appropriate quantitative and/or qualitative data analytic methods, selecting or designing valid and reliable instruments, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

Recent and ongoing studies and other archival datasets at Ci2i:

Understanding Women Veterans Experience of Primary Care

Violence Prevention for SUD Patients

12-Step/Cognitive-Behavioral Comparison and Follow-up

Clinical Practice Guidelines Implementation

Community Residential Facilities Evaluation

Components of Effective Treatments for Dually Diagnosed Patients

Continuity in Substance Abuse Care

Cost of VA Research Administration

Depression Treatment Outcome

Effectiveness of Neonatal Intensive Care
Exclusion Criteria in Alcoholism Treatment Research
Facilitating Substance Abuse Patients' Self Help Participation
Hospital Organization/Demand for Services
Improvement of Substance Use Disorder Care
Long-term health outcomes among depressed patients and community controls
Meta-Analysis of Alcoholism Treatment Outcome
Outcomes of Opioid Dependence Treatment
Parental Depression and Alcohol Abuse
Patient Outings in Hospital v. Community Based SUD Treatment Programs
Patient-Treatment Matching for Dual Diagnosis Patients
Personality Assessment and Substance Use Disorder Treatment Processes and Outcomes
Problem Drinking Among Older Adults
PTSD and Health Among VA Primary Care Patients
Rehabilitation Costs
Self-Help & Mutual Support Groups
Substance Abuse and Psychiatric Programs' Structure and Treatment Process
Substance Abuse Outcomes/Addiction Severity Index Data
Substance Abuse Patients' Utilization and Substance Abuse Program Budgeting
System for Monitoring Substance Abuse Outcomes and Care
Telephone Case Monitoring for Veterans with PTSD
Telephone Intervention for Smoking Cessation
Treated/Untreated Problem Drinkers
Utilization of Care and Clinical Outcomes of PTSD Patients

Further information on the Center's activities is available by request, and on the website at www.chce.research.va.gov. Interested interns should contact Dr. Blonigen at least three months prior to the beginning of the rotation to discuss the possibilities of a rotation in the Center. This rotation is available only as a full half-time rotation (6 months @ 18 hours/week).

Reviewed by: Daniel M. Blonigen, Ph.D.

Date: 07/21/14

**National Center for Post Traumatic Stress Disorder
Dissemination and Training Division (Building 324, MPD)**

Supervisors:

Eve Carlson, Ph.D.
Marylene Cloitre, Ph.D.
Kent Drescher, Ph.D.
Afsoon Eftekhari, Ph.D.
Rachel Kimerling, Ph.D., Director, Military Sexual Trauma Support Team
Eric Kuhn, Ph.D.
Sara Landes, Ph.D.
Craig Rosen, Ph.D., Deputy Director, NCPTSD Dissemination and Training
Division
Josef Ruzek, Ph.D., Director, NCPTSD Dissemination and Training
Division
Quyen Tiet, Ph.D.
Jessica Turchik, Ph.D.
Robyn Walser, Ph.D.
Steve Woodward, Ph.D., Director, PTSD Sleep Laboratory

1. **Patient population:** Vietnam veterans comprise the majority of VA PTSD patients nationwide, but projects also include Iraq and Afghanistan veterans, veterans exposed to military sexual trauma, and veterans of WWII, Korea, and the first Gulf War. Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients.
2. **Psychology's role:** NCPTSD educators, many of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including two national VA initiatives to train clinicians in evidence-based treatments, a mentoring program for heads of PTSD clinics, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers, most of whom are psychologists conduct evaluations of VA mental health services, clinical intervention trials, assessment development studies, biological research, and neuroimaging studies.
3. **Other professionals and trainees:** Psychiatry, Research, Social Work, Public Health, Psychology Practicum Students.
4. **Nature of clinical services delivered:** Limited clinical services are delivered as part of specific research trials.
5. **Intern's role:** The training needs and interests of the intern define the mix of dissemination and research activities. Interns interested in dissemination work with National Center education staff to develop PTSD-related educational products and services with potential for wide dissemination, or to take on a significant role in an ongoing dissemination project. Interns interested in research work with a mentor to develop and implement a research project related to one of NCPTSD's ongoing studies or archival datasets. Research interns are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal. Interns may also have an opportunity to participate in delivery of interventions in ongoing clinical trials.
6. **Amount/type of supervision:** One or two mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.
7. **Pace:** The goal of completing a research project or education project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan.

The National Center for Post Traumatic Stress Disorder ([NCPTSD](#)) is a congressionally mandated consortium whose goal is to advance understanding of trauma and its consequences. The Dissemination and Training Division at the Palo Alto VAPAHCS, Menlo Park Division is one of seven National Center

divisions located at five sites. The others are located in Boston (Behavioral Science Division and Women's Health Sciences Division), Honolulu (Pacific Islands Division), West Haven (Evaluation Division and Clinical Neurosciences Division) and White River Junction, Vermont (Executive Division).

Interns may participate in ongoing research choosing from a variety of research opportunities. These include ongoing studies to evaluate VA policies related to screening, detection and treatment of PTSD, military sexual trauma, and other deployment-related health conditions, clinical trials of psychosocial interventions, psychometric instrument development, novel assessment methods development, laboratory and ambulatory psychophysiological studies, laboratory and ambulatory sleep studies, neuroimaging, longitudinal studies of the course of PTSD, and systems of care for recent trauma survivors. Cognitive, affective, psychobiologic and spiritual domains of PTSD are under investigation, as are related health service delivery issues.

Interns may participate in a broad range of dissemination and training initiatives. Current dissemination/implementation activities of the Education Division include two nationwide initiatives to train VA clinicians in Prolonged Exposure and in Acceptance and Commitment Therapy, development of video and web-based training materials for VA and military clinicians, patient education and self-help materials for military personnel and civilians exposed to trauma, and training military chaplains and mental health staff in PTSD care.

Trainees at the National Center for PTSD have the opportunity to:

- Learn to conceptualize the after-effects of trauma from a variety of theoretical perspectives—primarily cognitive-behavioral, biological, and spiritual;
- Gain an understanding of factors that influence implementation of best care practices for PTSD in a national treatment system;
- Learn about effective means of disseminating and training clinicians in PTSD treatments.
- Gain further exposure to PTSD clinical research; and/or,
- Gain experience in evaluating quality of care for PTSD.

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men's Trauma Recovery Program, the Women's Trauma Recovery Program, the Sierra-Pacific Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

Reviewed by: Jessica Turchik, Ph.D.
Date: 7/24/13

**Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC)
Dementia Core (Building 5, Palo Alto Division)**

Supervisor(s): Sherry A. Beaudreau, Ph.D.
J. Kaci Fairchild, Ph.D.
Lisa Kinoshita, Ph.D.
Allyson Rosen, Ph.D., ABPP-CN

- 1. Patient population:** Persons with cognitive or late-life neuropsychiatric impairment participating in clinical research studies.
- 2. Psychology's role:** MIRECC researchers in the Dementia Core, which includes psychologists, follow the mission of the center which is research, education, and clinical services aimed at improving the lives of those affected by Alzheimer's Disease, related dementias, Vascular Cognitive Impairment, and mild cognitive impairment. MIRECC investigators are involved in the assessment and treatment of late-life cognitive and psychiatric disorders.
- 3. Other professionals and trainees:** In addition to psychology, the Sierra Pacific MIRECC at the VA Palo Alto includes a variety of experts in psychiatry, neurology, nursing, and neuroscience. Trainees at all levels participate in MIRECC functions and include bachelor level research assistants, research volunteers, practicum students, psychology interns, and advanced postdoctoral fellows.
- 4. Nature of clinical services delivered:** This is a clinical research rotation. Clinical contact will be obtained through participant contact through research protocols. Time spent in direct clinical services will be up to 50% of the interns' time on the rotation, and will be based on the interns' clinical geropsychology training needs following the Pike's Peak Model of training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). The Pike's Peak Model of geropsychology training provides a list of competencies that can be used by trainees and their supervisors to ensure training is received in important domains of professional geropsychology. These competencies include methodological issues in conducting or evaluating research in aging. On this rotation, direct service opportunities are integrated with or relevant to the interns' clinical research project. Examples of direct services include neuropsychological and psychiatric assessment with older adults and the provision of evidence based treatments aimed at improving memory, mood, or other late-life mental health symptoms or psychosocial concerns. Additional opportunities include community outreach and psychoeducation.
- 5. Intern's role:** Interns complete two main activities under the mentorship of a licensed psychologist. 1) Interns participate in integrated clinical service activities as part of a clinical research protocol. 2) Interns develop and implement a research project utilizing existing data from one of the MIRECC's ongoing studies. Over the course of the rotation, interns are expected to develop: 1) advanced clinical competency or achievement of new competencies related to the Pike's Peak Model of geropsychology, 2) clinical expertise in an area related to their research project, and 3) a report of their project that is suitable for presentation at a scientific conference and for presentation in a research forum at the MIRECC. Preparation of a manuscript for peer-reviewed publication or other publication such as a letter to the editor are encouraged, but not required.
- 6. Amount/type of supervision:** One or two supervisors are assigned to each intern. Supervision will be a minimum of two hours per week with at least one hour of face-to-face individual supervision with the primary mentor.
- 7. Didactics:** The VA Advanced Fellowship Program in Mental Illness Research and Education offers weekly didactics on academic survival, professional development, manuscript and grant writing, methodology, and biostatistics; attendance by interns is encouraged but not required. The research mentor and intern may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, or study groups. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.
- 8. Pace:** Rotation supervisors help the intern develop a training plan integrating their clinical and

research goals for this rotation. Pace of clinical contact and research progress will be based on these overarching goals.

The Sierra Pacific MIRECC rotation offers interns ongoing professional development as clinical researchers within the context of a multi-disciplinary translational research center. There are currently ten MIRECCs nationwide with each focusing on mental illnesses or conditions that are common in Veterans. Researchers at the MIRECCs investigate the causes of mental illness, develop new treatments for mental illness, and evaluate both established and new treatments with the goal of identifying best practices.

The Sierra Pacific MIRECC at VA Palo Alto is affiliated with the Stanford University School of Medicine and research mentors are part of the Stanford faculty through the Department of Psychiatry and Behavioral Sciences. The MIRECC Dementia Core's mission is to study the progression of dementia and other cognitive disorders or impairment over time, treatment response, assessment issues, and problems patients and caregivers experience in coping with the changes that occur. We work to develop an integrated body of knowledge about dementia and to help the VA and the broader health care community plan and adapt to changes associated with the rapidly expanding aging population among both Veterans and civilians. Some areas of focus in the MIRECC is on individuals with cognitive impairment and neuropsychiatric symptoms, prevention and management of cognitive impairment, prevention of cognitive decline in vascular surgical procedures and chronic vascular risk, late-life psychiatric disorders, neuropsychological test development, and innovative mental health treatment approaches. Secondary foci include sexuality and aging, sleep, and the application of advanced biostatistical techniques.

Interns at MIRECC become involved in activities designed to improve their ability to conduct and interpret clinical aging research and to achieve clinical competencies in accord with the Pike's Peak Model of Clinical Geropsychology training. Interns may receive training in a range of clinical research skills, including quantitative methods, assessment, statistics, data management, and statistical programs such as SPSS. Interns may also receive mentoring on professional development issues, such as: integrating clinical practice experiences and knowledge into translational research questions; clarifying their own research interests and goals; applying for research-related jobs; scientific writing; grant proposal writing; project administration; publishing; and presenting at professional meetings. This rotation may be particularly useful for interns who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting translational research (e.g., intervention or assessment) is a major professional activity. Goals for this rotation are the following:

Interns will participate in an effective clinical research-oriented work environment. The MIRECC aims to foster intellectual stimulation and research independence. This environment encourages and models effective professional communication among multidisciplinary staff, and collegial mentorship relationships between supervisors and interns helping interns acquire skills, and supporting the intern in defining and achieving their own training goals in the context of careers in aging research.

Interns will be able to ask effective geropsychological clinical research questions by integrating clinical practice experiences into conceptualization of aging research questions, and analyzing and understanding relevant research literatures.

Interns will develop advanced clinical skills relevant to assessment or treatment of older adults by participating in direct clinical research services. These services integrate the interns' experience by allowing them to directly apply knowledge gained from clinical duties on the rotation to a clinical research question developed in consultation with their mentor. Interns will develop a training plan based on their clinical aging interests, their training needs with respect to the Pike's Peak Model, and the mentor's clinical research program. Typically, direct clinical services and the interns' independent research project will be an integrated clinical research experience utilizing larger ongoing projects at the MIRECC.

Interns will develop as professional researchers in aging by clarifying their own research interests in geropsychology, developing collaborative communication skills within multidisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Mentors expose interns to networking and service opportunities in the larger clinical geropsychology professional community locally, nationally, and internationally.

Interns will acquire relevant clinical research competencies to select and employ appropriate analytic methods for both cross-sectional and longitudinal aging research; select, design, and administer valid and reliable instruments for use with older adults; if relevant to the interns goals, administer evidence based treatments; prepare for presentation at a professional conference or prepare a manuscript for submission to a professional journal.

Recent and ongoing Dementia Core studies at the MIRECC:

- Genetic Moderators of Cognitive Impairment: Sherry Beaudreau & Kaci Fairchild
- Neuropsychiatric Symptoms as Predictors of Cognitive Impairment in Normal Older Adults or Individuals with Mild Cognitive Impairment or Dementia: Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research: Kaci Fairchild & Sherry Beaudreau
- Behavioral Treatments for Late-Life Anxiety and Depression: Sherry Beaudreau
- Issues Related to Late-Life Psychiatric and Medical Comorbidity: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Age Differences in Erectile Dysfunction Treatment Outcome: Sherry Beaudreau
- Support Group for Persons with Mild Cognitive Impairment and Their Partners: Kaci Fairchild
- Predictors of Cognitive Decline in Aging Veterans with PTSD: Lisa Kinoshita
- Assessment and Impact of Late-Life Sleep Impairment: Lisa Kinoshita
- The Application of Neuroimaging Techniques to the Study of Cognitive Decline in Individuals with MCI and Dementia: Allyson Rosen
- Long-term Neurocognitive Sequelae of Subclinical Microembolization During Carotid Interventions: Allyson Rosen

Reviewed by: Sherry Beaudreau, Ph.D.

Date: 7/08/14

